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Human Rights

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The Universal Declaration of Human Rights was approved by the United Nations General Assembly in Paris on December 10, 1948, by a vote of 48 to 0. Eight countries abstained from voting.

The Declaration is a statement of principles approved as a common standard of achievement for all peoples and all nations. It is not a treaty and, therefore, imposes no legal obligations. It is, however, a challenge to all mankind to promote world-wide respect for human rights and fundamental freedoms.

In calling for active support of the Declaration, General George C. Marshall, Secretary of State of the United States, stated:

> Systematic and deliberate denials of basic human rights lie at the root of most of our troubles and threaten the work of the United Nations. It is not only fundamentally wrong that millions of men and women live in daily terror of secret police, subject to seizure, imprisonment, or forced labor without just cause and without fair trial, but these wrongs have repercussions in the community of nations. Governments which systematically disregard the rights of their own people are likely to seek their objectives by coercion and force in the international field.

The United Nations Commission on Human Rights will have as its next task the working out of an International Covenant in the field of human rights, and of measures of implementation or enforcement. This would be a treaty and would deal with certain of the basic civil and political rights embodied in the Declaration. After it has run the gauntlet of the Economic and Social Council of the United Nations, it would be presented to the General Assembly. If approved by the General Assembly, the Covenant will then be submitted to individual countries for ratification and will become legally binding on all the countries that ratify it.

Many of these rights have been taken for granted by Canadians, including those of us who are nurses. In order to have a permanent record in our *Journal* of this document, it is produced herewith:

PREAMBLE

WHEREAS recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world;

WHEREAS disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people;

WHEREAS it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law;

WHEREAS it is essential to promote the development of friendly relations among nations;

WHEREAS the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom;

WHEREAS Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms;

WHEREAS a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge;

Now therefore the General Assembly *proclaims* this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

(1) Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

(2) Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether this territory be an independent, Trust, non-Self-Governing territory, or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and the security of person.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5

No one shall be subjected to torture or to cruel inhuman or degrading treatment or punishment.

Article 6

Everyone has the right to recognition everywhere as a person before the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by-law.

Article 9

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law

in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13

(1) Everyone has the right to freedom of movement and residence within the borders of each state.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14

(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15

(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17

(1) Everyone has the right to own property alone as well as in association with others.

(2) No one shall be arbitrarily deprived of his property.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20

(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

Article 21

(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right of equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23

(1) Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favorable remuneration insuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education should be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Food Value in Liquid

People who discard the liquid part of their canned vegetables are committing a grave error, according to Miss Margaret E. Smith, director of the Nutrition Division of the Health League of Canada.

"Liquid portions of canned vegetables generally contain approximately one-third of the water soluble vitamins such as vitamin C and vitamins B_1 and B_2," Miss Smith said. "Similarly, about one-third of the minerals are found in the liquid."

The Health League nutritionist explained that modern canning methods resulted in conservation of the extractable vitamins and minerals for the consumer's use. To avoid wastage of any part of this valuable content, Miss Smith suggested if the liquid in the can could not be served with the solid portion that it be used in soups and gravies.

"Whatever you do, don't discard that valuable liquid," Miss Smith said. "For instance, in the case of canned green beans, 36 per cent of the ascorbic acid is found in the liquid, 33 per cent of the thiamine, and 24 per cent of the riboflavin content. The liquid in canned asparagus contains 40 per cent of the ascorbic acid.

"Since ascorbic acid, or vitamin C, goes to make strong blood vessels, bones, and teeth, we certainly don't want to knowingly discard any of it. Thiamine (vitamin B_1) is essential for metabolism of the protein and for growth in general, while riboflavin (vitamin B_2) has much to do with proper chemical changes of foods in body cells."

Congestive Heart Failure

B. M. Wheeler, M.D.

Average reading time — 18 min. 24 sec.

Patients with signs and symptoms of congestive heart failure make up a large number of any physician's practice and many, during acute episodes, require hospital care. Put in its simplest form, heart failure may be said to be the result of the inability of the left, the right, or both ventricles to propel a normal minute volume of blood, resulting in a back pressure. Though this cannot be taken as a complete explanation of the train of events which follows it is likely sufficient for our purpose.

Myocardial failure may come suddenly or slowly. In either case one ventricle usually begins to fail before the other. The overworked ventricle tries to compensate by dilatation and hypertrophy. With perhaps the exception of adhesive pericarditis enlargement of one or both sides this is a constant finding in heart failure. Eventually a limit is reached and irreversible failure follows.

Left Heart Failure

This is the commonest type of failure. It may be sudden, as for example, in massive myocardial infarction. Usually it is seen as a gradual process, secondary to such conditions as hypertension or aortic stenosis. Obviously, as the left ventricle fails the first effects of the back pressure will be on the pulmonary circulation. It should then follow that the symptoms are mainly respiratory and such is the case. Dyspnea is the outstanding feature, mainly due to congestion of the lungs. Cyanosis is also frequently seen and it, too, is largely secondary to the congested pulmonary bed. Clinically there will be evidence of pulmonary congestion, ranging from the finding of a few moist râles in the bases to, in its acute phase, pulmonary edema.

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Eventually the back pressure of left failure will be transferred through the pulmonary circulation to the right heart and, if the process goes on long enough, right heart failure will result.

Right Heart Failure

This condition is most often found secondary to left heart failure. It is also found in those conditions which increase the resistance against which the right heart must work—e.g., mitral stenosis, emphysema, pulmonary fibrosis, congenital syndromes of pulmonary stenosis, and so on.

The clinical manifestations of right heart failure are often complicated and frequently overshadowed by the original left heart failure. Where the failure is predominantly right the early manifestations are insidious. As in left heart failure, they are mainly the result of back pressure but now transferred to the systemic circulation. At first there may be nothing more than vague dyspepsia, upper abdominal discomfort, or slight swelling of the feet in the evening. As the failure increases the neck veins are distended, the liver is enlarged and tender, edema of the legs is evident. Finally, ascites and pleural effusions may develop.

Certainly every effort should be made to search out the primary cause of failure and, where possible, initiate treatment to arrest or if possible reverse the process. Despite this care, the physician will be left with a large percentage of cases in which the damage is permanent and irreparable and in which he is called upon to treat the symptoms of congestive failure.

Symptoms

These of course, will vary tremendously with the degree of failure and, especially where such subjective symptoms as dyspnea are involved,

with the individual patient.

Dyspnea: As already noted this is almost always one of the presenting symptoms of left heart failure. In the early stage it may be only noticed with moderate exertion. Sometimes dyspnea may manifest itself in sudden paroxysms during the night. As the condition progresses it comes on with less and less exertion. Orthopnea is common but does not necessarily bear a direct relationship to the degree of failure. Every patient who complains of breathlessness is not dyspneic! Every patient with dyspnea is not suffering from cardiac failure! A careful history and the patient's description of his symptoms, with special reference to time of onset, relationship to exertion, and type of breathing, usually is sufficient to differentiate them. For example: In dyspnea of cardiac origin the patient most often merely complains of being able to do less than formerly without becoming breathless. That is the same sensation that we have all experienced if we overexert ourselves. In functional dyspnea, on the other hand, the symptoms are often bizarre and seldom bear a very direct relationship to exertion. In fact, they often come on at rest. Frequently the patient describes the sensation as one of choking, or tightness in the throat, or inability to take down sufficient air in one breath and so on.

Edema: It is said that a patient may retain ten to twenty pounds of water before there are any objective signs. Some patients may complain of tightness of the legs, especially in the evenings, before they notice definite swelling. Most people first notice swelling when they take off their shoes at night. In these cases there is frequently no demonstrable edema when they are examined. Puffiness about the ankles, most commonly seen in overweight women, and again most noticeable towards the end of the day, should not be mistaken for true pitting edema. Weight loss is no doubt a constant finding in chronic failure, but it is commonly masked by edema which may even show a false gain.

Cough: This is a frequent complaint, mainly produced by reflex from the congested lungs and bronchi. In the early stages it is non-productive but as the congestion progresses there is sputum which may be rusty and, in pulmonary edema, is often copious, pink, and foamy.

Anorexia, nausea, and vomiting: These gastro-intestinal symptoms are common and may be directly due to congestion of the abdominal viscera or may be reflex in origin.

Abdominal pain: Most commonly, pain is felt in the right upper quadrant. This is a frequent complaint and in such cases examination will usually reveal an enlarged tender liver.

Cerebral symptoms: These do not usually become evident until the patient has reached the stage where dyspnea is present at rest—that is, until there is sufficient failure to produce a significant impairment in the metabolism of the brain.

Palpitation: This may be complained of, especially where there is marked enlargement, but it should be remembered that it is a much more frequent complaint in patients with perfectly normal hearts.

Cardiac pain: This is usually related to exertion and is due to an inadequate coronary circulation allowing the circulation of tissue metabolites. Most patients who present themselves complaining of "pain in the heart" do not have heart disease! Usually the sympton that is elicited is described as a fulness, a tightness, or discomfort and the patient seldom relates the symptoms to his heart.

Diagnosis

In the classical moderately advanced condition where the patient presents himself, complaining of increasing dyspnea, orthopnea, and swelling of the legs, one's diagnostic abilities need not be great and physical examination merely confirms and clarifies the picture. However, where symptoms are minimal, have to be mainly elicited, and where some symptoms are present in the absence of obvious signs, diagnosis may be

difficult. It is in just such cases where the damage is yet moderate, and where early treatment may be sufficient to allow a long and comparatively active existence, that it is all important.

First and foremost is a careful history. This is well worth any extra time spent on it as, by it alone, the diagnosis can be made in most cases. Then should follow a complete physical examination, to include routine laboratory blood and urine examinations.

X-rays of the chest should be taken for evidence of cardiac enlargement, of congestion of the bases, or change of contour of the heart which may give a clue to the underlying condition. Primarily, of course, it is of value to rule out primary disease of the lungs. It may be advisable to take an electrocardiogram. Frequently, a "circulation time" should be done. In early cases, this timing often helps to differentiate cardiac failure from pulmonary disease—e.g., asthma, etc. The substance to be used, for instance decholin, is rapidly injected through a large-bore needle into the median cubital vein. The time from injection to the perception of taste is noted. None of these procedures is sufficient in themselves to make the diagnosis when it has not been possible to establish it by history and physical examination, but they are usually of considerable aid in confirming the presence or absence of failure. Not infrequently there will be patients on whom all the above procedures have been carried out, yet a definite conclusion has not been reached. In some cases a test injection of salyrgan is extremely helpful. The patient is weighed and given an injection of 1 to 2 cc. of salyrgan intravenously. Twenty-four hours later he is weighed again. If there has been a weight loss of four to five or more pounds and a marked improvement in the patient's symptoms the diagnosis is no longer in doubt.

Treatment

Every patient knows what an important organ his heart is. To many, a diagnosis of heart disease implies certain death, and very probably, a sudden one. It is all important then that the physician in the first interview after the diagnosis is made, while not detracting from the importance of the routine and specific treatment prescribed, strike an optimistic note and stress the long life that may remain if the patient is not prodigal of his remaining reserve. Sir Thomas Lewis stated:

> It is with symptoms of a disease that the patient and the doctor mainly contend, and the symptoms of heart disease may be said to be derived almost exclusively from faults in function. Therefore, in managing our patients, our thoughts must be set in terms of function and not of structure.

I think the thoughts of the patient should also, emphatically, be set in terms of function. Very few patients will understand, and many will be unduly concerned, if the physician attempts a detailed description of the underlying pathology. I like to describe the process on the basis of a pump which, when new, can deliver a maximum capacity (but even here, if overtaxed, may break down—e.g., the athlete in a gruelling race). As the pump grows older, the capacity is gradually lowered by ordinary wear and tear and, of course, if some one part is more inefficient than another the capacity is still further lowered. But as long as the pump is not misused and called upon too frequently to exceed its capacity, (in other words, strained), there is no reason to expect it to break down completely.

The general measures in the treatment of heart disease may be discussed under the following headings:

Rest: Certainly, complete bed rest is one of the most important measures in the treatment of heart failure, since it reduces the work of the heart. But, just as certainly, complete bed rest should not, even for a short initial period, be prescribed for all patients with congestive failure.

For those in early failure, readjustment of their activities with a scaling down, and more frequent and prolonged daily rest periods will suffice. For those in advanced failure, initial bed rest until the maximum benefits have been obtained is usually the treatment of choice, but it should not be prolonged until the patient rebels against it. Many rebel from the start and, when they do, it is wise to allow them at least bathroom privileges. In other words, it frequently becomes a matter of weighing, on the one hand, the disturbances created by absolute bed rest and, on the other, the increased heart work caused by any privileges allowed. Finally, we should not forget that it has been repeatedly shown that enforced bed rest causes stagnation of blood in the dependent parts and increases the instance of pulmonary embolism. This is especially true in the older age group. Also, the recumbent position tends to shift the fluids centrally, further burdening the heart, causing an increase in pulmonary congestion and reducing the air space. Except in the most advanced cases then, where absolute bed rest is imperative, modified bed rest is preferable, with later a return to a sedentary occupation in which rest periods are insisted upon and may be taken by increasing the number of hours in bed at night and by resting in bed part of each week-end. Sedatives should, of course, be prescribed where indicated.

Digitalis: Some authorities feel that digitalis is not indicated or of value in heart failure where the rhythm is regular or slow. However, this view finds few supporters and most physicians feel that, though digitalis acts most dramatically in the presence of a rapid ventricular rate, especially with auricular fibrillation or flutter, it is of definite value in the treatment of heart failure of all types. Digitalis should then be given, but it should not be expected to control anything more than the mild or early cases of congestive failure. Where there is a sinus rhythm, the improvement will be less and least in slow rates. In no case should it be looked on as the whole treatment to the exclusion of any of the others. The purified glucosides are now being widely used but, except where rapid digitalization is required or where occasionally the parenteral route of administration is necessary, they have likely no real advantage over digitalis leaf preparations. Whatever preparation is used the dosage will have to be varied from time to time, not only to maintain the maximum cardiac effect but also to avoid digitalis intoxication.

When, despite the use of digitalis, limited activity, and limited salt intake, the patient has attacks of paroxysmal nocturnal dyspnea, dyspnea on moderate exertion, enlarged congested liver, or distended neck veins, diuretics are indicated. One should not wait until edema is evident for by then the patient may easily have accumulated ten to twenty pounds of excess fluid. After dehydration to a condition of maximum comfort, the weight should be recorded. Usually a gain of more than three pounds may be taken as an indication for another dose of diuretics. The only contraindications are severe chronic renal disease and acute nephritis.

Types of Diuretics

Mercurial diuretics: These are by far the most potent. Their universal use has entirely altered the outlook of congestive failure, adding many years of comfort to the lives of thousands. The main action seems to be due to a decreased reabsorption of salt and water by the proximal convoluted tubules of the kidney. Normally, it is said that 99 per cent of filtered salt and water is reabsorbed. If then only 98 per cent is reabsorbed, the urinary output will be doubled. The diuresis begins in about one to three hours. It is maximum in about six hours and is usually over in twenty-four hours. These diuretics are best given in the morning to avoid a disturbed night.

There are three commonly used preparations: mercupurin, salyrgan-theophylline, and mercuhydrin. There

seems little to choose between them, although mercuhydrin is said to cause less pain by the intramuscular route. The preferable route of administration is intravenous or intramuscular—the former, I think, the better. The dose is 0.5 to 2.0 cc. and occasionally this may be increased to 3 cc. or even rarely to 4 cc. Reactions are seldom encountered. In outlying districts the local nurse or even the patient himself may be instructed in giving injections. Indications are: (1) increase in weight of three pounds or over; (2) increase in patient's symptoms, usually along with (1). An intelligent patient who records his weight and has some knowledge of the basis of his symptoms soon becomes the best judge of when another injection is required.

The mercury diuretics may also be given in the form of suppositories. In some patients they may cause severe rectal irritation and pain but, though not as effective as when given by injection, they can be used where this is not possible. Preparations in tablet form are also available to be given five at a time about once or twice a week. The diuresis is not nearly so marked as by other routes and many patients have some diarrhea and abdominal cramps following their administration.

Acid salts: Their mode of action is not well understood. Ammonium chloride is one of the most commonly employed, either by itself to control mild edema or prior to the injection of a mercurial diuretic, as the combined action of the two is greater than the total of the two separately. It can be given in enteric coated pills in a dosage of 2 gm. t.i.d., p.c., for the average individual. Ammonium or potassium nitrate may also be used and occasionally one may be more effective than another in an individual case.

Osmotic diuretics: These act simply by carrying off an obligatory amount of water with them. They do not greatly increase sodium secretion and are not very effective. Fifty per cent glucose intravenously is an example. Urea is fairly useful in moderate failure with good renal function. It may be given orally in grape juice in 30 gm. doses three times a day. The taste is disagreeable.

Xanthine group: These act by decreasing reabsorption of salt and water by the tubules. Theophylline is the most effective of the group, but it unfortunately causes marked gastric irritation and usually can only be given for two to three days. Its salt—aminophyllin—is less effective; caffeine is not very potent. All the mercurial diuretic preparations contain theophylline. But here it is mainly to prevent sloughs and make intramuscular injections less painful, and not for its diuretic effect.

Fluids and diet: In the orthodox method of treatment, where fluids are restricted, thirst and weakness are common complaints, especially following mercurial diuretics. In the last few years there has been a very definite swing toward giving more water, largely due to the work of Schemm and others. Certainly the patient is more comfortable and consequently is more likely to follow instructions. In the light of present knowledge there seems no physiological basis for fluid restriction if sodium intake is kept at a minimum. In addition to this, Schemm uses an acid ash diet to mobilize the sodium and forces fluids to four or more litres a day. The results of this regime seem excellent but it is rather difficult to follow outside hospital. The Rice diet, as originally designed for hypertension, has also been advocated. Its chief virtue lies in a low sodium and protein content, but again it is hard to maintain it outside of an institution or for prolonged periods of time.

Apart from the specific diets, food should be wholesome, simple, eaten at regular intervals and never to excess. As in all things with a cardiac patient, the theme is ***moderation***.

It seems pertinent to note the large reduction in infant mortality that has taken place in the general population of Canada. In the past quarter century, the death rate among children under one year of age has been cut in half.

Treatment of Congestive Heart Failure

RUTH A. KEPPY

Average reading time — 8 min. 48 sec.

AS WITH MANY other heart diseases, congestive failure, if treated correctly and understood by the patient, need not be disabling to too great extent. Many have been the patients, who, after the acute stage, which has been treated in hospital, on returning home to a mildly restricted life, have continued to lead very useful and happy lives for years. On the other hand many are not willing to accept and understand the facts about their condition and try to live an over-active life which usually means much more hospitalization than is necessary.

The mental rest of the patient is the most important item of treatment. As far as possible any family, financial, or business affairs should be solved or handled by other members of the family or friends rather than disturbing the patient over them. He must be taught in a kindly way to keep himself as free from worry as possible. But rest, rest, and then more rest are absolutely essential.

Physical rest, often completely in bed for a short while at first, preferably in hospital to remove the patient from all disturbing surroundings, is imperative. However, one of the main criticisms is that the patients are often kept in bed too long. Until the temperature is normal bed rest is necessary, but then gradually increased exercise is desirable. Arm and leg movements in bed, then up in a chair for longer periods each day until they are ambulant most of the day, should be the routine unless complications arise. This aids in a better adjustment to life after leaving the hospital as well as contributing to better mental rest by increasing the patient's interests. The pulse should be checked and recorded at intervals while the patient is up to see whether increased movement tends to increase the rate. If it is increased by too much movement the patient will have to be restricted again.

When resting in bed the patient must be taught by repeated instruction how to relax every muscle. Oftentimes patients are having complete bed rest in theory only. Orthopnea requires the patient to be in Fowler's position while in bed. Some patients who are extremely orthopneic find it easier to sleep in an armchair with good supporting arms. The main point is to make the patient's position the one in which he is most comfortable. Oxygen by mask, tent, or catheter is often necessary to relieve distress and ease the burdened heart.

A simple diet, easy to digest, low in salt and one which does not cause gaseous distension, is best. Meals should be well balanced with small servings to avoid overloading. For increased appetite the trays should be served as attractively as possible with everything handy for the patient. Fluids used to be restricted considerably but now it has been found that an abundance of fluids is more desirable, as it also aids in reducing edema.

Regular bowel movements are important. Laxatives, suppositories, or small enemata may be given as necessary to avoid straining and undue exertion. Often, patients find it much easier and less trying to use the bed-pan on a chair.

The room in which the patient is confined should be light, airy, well ventilated, and cheery. An overheated, stuffy room tends to make the patient more apprehensive as well as to increase the dyspnea.

Few visitors should be allowed. Their visits should be brief and cheering. Anyone who appears to

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upset the patient or tire him in any way should not be allowed to visit.

Sedatives or hypnotics are given as ordered by the doctor for cough, dyspnea, and restlessness. Usually codeine gr. ¼ to gr. 1 or morphine gr. 1/6 to gr. 1/3 are used. These are gradually replaced by phenobarb. gr. ¼ to gr. 1½. Smaller doses are given several times during the day and a larger dose at bedtime.

Digitoxin, a drug which acts directly on the heart muscle to increase the force of contraction, thus increasing its efficiency, is the chief drug that is used. The heart muscle, which has become digitalized, first by large doses of purodigin and then a maintenance dose, converts a larger amount of its energy into work or is able to do more work with less energy expended. Purodigin, the preparation most commonly used, is given in doses of 0.4 mgm. t.i.d. the first day to digitalize, then a maintenance dose of either 0.1 or 0.2 mgm. daily. Slowing of the pulse is the most important toxic symptom to watch for; therefore the pulse should be taken before each dose is administered and recorded on the chart. If the pulse is lower than fifty per minute the doctor should be notified so that, if necessary, the drug may be discontinued. Other toxic symptoms are colored vision, headache, nausea, vomiting, and diarrhea.

Diuretics such as salyrgan, ammonium chloride, dabital, or mercuhydrin are usually given to reduce edema. The fluid intake and output of the patient must be carefully recorded as well as the daily weight so that the doctor will be able to estimate the amount of fluid excreted as a result of the diuretic given. Salyrgan and mercuhydrin are usually given intravenously for maximum effect but may be given intramuscularly if desired. Approximately two hours after the injection the diuresis commences, lasting for eight to twelve hours. To avoid disturbing the patient's sleep during the night by frequency, the injection should be given as early as possible.

The main treatment, then, is rest—both mental and physical. Remember also that it is the patient who is being treated and not the disease primarily.

Case Study of Congestive Heart Disease

Mr. Brown, a thin, grey-haired man of sixty years of age, entered the hospital feeling rather bewildered. This was his first admission to hospital and he was apprehensive about the hustle and bustle that was going on about him as he entered the chartroom. Upon being reassured by the nurse he began to realize that everyone wished to be friendly and to help him.

Until two weeks prior to his admission he had been working about his farm each day feeling well and healthy. Life thus far had been pleasant as well as prosperous for him but now everything seemed to be against him. His wife and he had been operating a small farm since his family had grown up. The children as well as his wife were very sympathetic towards him since he had become ill, trying to help him in every way possible.

His complaints on admission were dyspnea, orthopnea, edema of lower extremities, as well as a troublesome productive cough with blood-tinged sputum. This cough, which bothered him at night more than in the day, kept him from sleeping thus making him generally weak and listless most of the time. However, he found that after he had a coughing spasm with considerable expectoration of sputum his dyspnea was somewhat relieved. A rapid increase of weight, ten pounds in one week, had caused him much concern.

He was placed in Fowler's position and made comfortable, taught how to use his signal light, sputum cup, and reminded that he was to rest as much as possible. Oxygen was administered for the first two hours until the dyspnea had subsided. It was found that a mask was more comfortable for him than a nasal catheter. The pressure gauged at 5 per minute. For greater comfort a foot-board was inserted to support the bed-clothes and to prevent foot-drop.

A salt-free diet, with a salt substitute provided, served as attractively as possible to stimulate his appetite, was ordered. He and his family were instructed by the dietitian as to how he could remain on this regime after

discharge from hospital. Fluids were encouraged and everything was recorded very carefully on his chart.

The morning after admission salyrgan 2 cc. was administered intravenously after he had been weighed. All urine voided was measured and carefully recorded to aid the doctor in calculating the result of the injection. It was found that urinary output was tripled in the first twenty-four hours following the administration. After six doses of salyrgan at two-day intervals his weight dropped from 160 to 145 pounds. All the edema subsided from his lower extremities and back, making him feel much more comfortable.

Three days after admission ammonium chloride gr. 15 b.i.d. was commenced. This, following the discontinuance of salyrgan, was ordered as a diuretic to further reduce the edema of the tissues. It was continued after discharge from hospital.

To digitalize his heart, Mr. Brown was given purodigin 0.4 mgm in six-hour intervals for three doses, checking the pulse and recording it each time before administering the dose. As a maintenance dose he was started on purodigin 0.2 mgm. daily. Several days later he complained of nausea and vertigo. The doctor discontinued the purodigin until the symptoms disappeared when the medication was resumed.

For laxatives to aid in overcoming constipation, magnolax with cascara was given daily each evening. When necessary a small enema was given for bowel evacuation. After he was allowed up and about these were discontinued and exercise, fresh fruits, and vegetables aided in maintaining a normal daily bowel movement.

On the fourth day of hospitalization, Mr. Brown was allowed bathroom privileges, gradually increasing the ambulatory period each day until he was up and about most of the time, resting when he became weary. This activity gave him a renewed interest in life as well as improving his general health by stimulating the circulation.

Even when his condition was considerably improved his family and friends were advised to make their visits brief and cheery. No matters concerning problems at home or concerning business were discussed with him at all, even though oftentimes he wished to do so.

On discharge, which was after two weeks of treatment, he was instructed to take his purodigin each morning, remain on the salt-free diet as much as possible, get sufficient rest and check his weight twice weekly. If his weight increased he was to inform his doctor who would administer another injection of salyrgan. Ammonium chloride was prescribed for him to take with him and continue on the same dosage as during hospitalization.

School Lunch Program Beneficial

A drop in absenteeism, increased alertness of pupils, and improvement in general health are revealed among many instances of direct health benefits to the school children of New Brunswick as a result of that province's school lunch program. Rural schools in seven counties were included in the 1948-49 program which got underway last fall, with two health department nutritionists and one from the Red Cross doing the organization work. This spring the three revisited all schools in the counties concerned.

It is pointed out that the majority of these New Brunswick school lunch projects are of a supplementary nature. The pupils still carry their lunches from home, but are provided with a nourishing hot dish at school. Such foods include hot cocoa and soups, steaming meat and vegetable stews, boiled or scrambled eggs. On days when the hot dish does not contain milk, this is usually provided as a beverage. In most rural areas, pupils contribute farm produce to be cooked or heated at school; in other programs, the pupils bring a few cents each week to purchase staple foods such as cocoa, canned tomatoes and other vegetables, fruit, macaroni, canned milk, etc.

All duties connected with preparation and service, cleaning up, and washing dishes are carried out by the pupils. The teachers supervise and usually assist to some extent. Teachers and nutritionists are in agreement that a hot, nourishing food supplement eaten with the carried lunch, and enjoyed in a happy, leisurely atmosphere, banishes fatigue during the afternoon sessions.

Partial assistance with lunch equipment needs is usually provided by the County Schools Finance Boards, with additional help, financial and otherwise, being frequently provided by community organizations.

—Health News Service

Heart Disease – A Public Health Problem

LAURA ATTRUX

Average reading time — 9 min. 36 sec.

HEART DISEASE is now universally recognized as the "Captain of the men of death." There are more deaths every year from heart disease than from any other single cause. Recent statistics show that about thirty thousand people die annually in Canada from some form of this disease. Over 90 per cent of these deaths occur at fifty years of age and over, and more than 40 per cent at seventy-five years of age and over. Thus, with the gradual aging of the Canadian population, the trend of mortality due to heart disease is especially important. This trend is at present rising.

Heart disease constitutes a public health problem which has not been solved; which on the contrary is increasing in importance. The aging of the population increases the incidence and burden. The attention and efforts of public health staffs are, therefore, being turned more and more towards it.

What is the role of the public health nurse in this steadily increasing problem? She should go about meeting it in much the same way as she proceeds in other diseases, such as cancer, tuberculosis, etc. Her plans should have three objectives:

1. To give follow-up care to those cases which have been diagnosed by a competent physician.

2. To find new cases as early as possible, so that they may be brought under proper medical care.

3. To teach and inform the public of the existing problem.

Before discussing the problem of cardiacs it is important to bear in mind that it is essentially a disease of middle-aged and elderly people and, therefore, one has to deal with adults in all walks of life. The handling of these people involves much more than one would at first think. It is a group whose habits have become well-rooted. They are frequently the heads of families, with all the responsibilities that are entailed for the guidance and support of the members. It can become a most complicated problem, and one which will tax the resources, patience, and ingenuity of the physician and nurse to their limits.

Miss Attrux is district nurse in Mirror Landing, Alta.

FOLLOW-UP CARE

It is imperative, first, to have a report from the attending physician and a detailed discussion, if possible, with him regarding the patient's condition. The public health nurse should know what instructions the doctor has given to his patient regarding medication, rest, and exercise, and other points affecting his welfare. She can often be of much assistance to the physician in treating these cases, for she will usually be more familiar with the home conditions and family situations. These are important matters to take into consideration in dealing with cardiacs.

It is very simple to say that the patient must take things more easily, have more rest and sleep, and not worry. It is a different matter when he or she returns home. Much social work may be involved and, in most cases, the public health nurse will have to share or even direct this work.

If it is a mother with a family, she may need outside help—full-time or part-time as the case may be. If it is the father, he may be the only one gainfully employed upon whom the family depends for a livelihood. He may have to give up his present occupation because it is too strenuous. Can he be persuaded to do this without too much delay? This is a frequent problem and not an

easy one to solve. It requires the combined efforts and co-operation of the patient, the family, the physician, the nurse, the employer, some social agencies, and the Department of Public Welfare.

The public health nurse should keep a detailed record of all cardiacs with whom she comes in contact, and she should plan her work so that each case is visited regularly.

During such visits, she should observe any change in the patient's condition, and should be able to decide whether he is progressing favorably, carrying on normally, or not doing so well. Now she can prove the importance of getting in touch with the physician and learning all she can about the case. When she knows what kind of cardiac ailment the patient has, she can more intelligently watch for signs and symptoms of pending trouble. If it is a case with valvular disease, she should be on the alert for signs and symptoms of circulatory failure—edema, breathlessness, cough, diminished urine output, etc. These symptoms may be only slight and, indeed, they should be discovered in their early stages. In the case of coronary lesions, she should question the patient concerning precordial and mediastinal pains and under what conditions they occur. They may be an indication that further restrictions are necessary and that a return visit to the physician should not be delayed.

Besides ascertaining the patient's physical condition, the nurse should be keenly observant in regard to the mental health, family relationship and social environment of the patient? A happy state of mind is the greatest booster to these patients and nothing should be left untried in attaining it.

It is often necessary to reiterate certain teachings about avoiding exertions, dietary indiscretions, too many social engagements, etc. In the first instance, it might be possible to make suggestions to eliminate undue or unnecessary strains, such as moving a patient's bed to the ground floor in order to avoid climbing a flight of stairs several times a day. A well-balanced diet, consisting of plain and properly prepared food, is encouraged. Any food which has a tendency to disturb the digestion should be avoided, as should overeating. The excess use of salt and the intake of large quantities of fluids, unless permitted, should also be guarded against, as they tend to increase fluid retention, thus putting an added strain on the circulatory system.

While we do not want to create social invalids, too many social engagements is nevertheless a point worth stressing. A normal social life is desirable and to be encouraged, but it sometimes happens that physical exertion is misunderstood. Having been advised that they must live a more sedentary life, some people are apt to interpret this as meaning that working hours may be replaced by diversified social engagements, and are prone to do themselves harm by attending too many picture shows, bridge clubs, parties, etc. Here, again, a few home visits by an alert public health nurse can do much to correct this trend of behavior before it has become a habit and much harm has been done.

Reminding the patient to report to his physician regularly is another point worth making. Too many patients, after a few visits to the doctor, acquire an indifferent attitude toward this matter and soon become careless. This is particularly true with those patients who are doing nicely and whose health has been restored, temporarily at least. They argue that they are feeling fine and that the doctor is doing nothing more for them, so they see no purpose in bothering him. However, be that as it may, he is the one best qualified to detect the subclinical symptoms, which are the first indications that everything is not all right.

Case Finding

Though this field is perhaps somewhat limited for the average public health nurse, nevertheless it has a place in her program, especially in

the rural areas, such as in the district nursing service in Alberta.

By means of a stethoscope, she can sometimes pick up cases with abnormal heart sounds and rhythms. It might be one of her prenatal patients or a medical case whom she has been called to visit in the home. If she makes a regular habit of taking the blood pressure of her adult patients who come to see her at her office, she will likely discover some cases of hypertension, which are frequently potential cardiacs. All such cases coming to her attention should be advised to visit the family physician. In this way, many can be put under proper treatment before irreparable damage has occurred.

In her everyday duties, she should be alert to detect early signs of cardiac disease by being a good listener. By that I mean, every complaint made to her regarding someone's health, be it a patient, casual acquaintance, or friend, should be thoughtfully considered. It might be some breathlessness following a quick walk or the climbing of a hill, which previously caused no effort; syncope or vertigo in another; swelling of the ankles in still another; a twinge in the left thorax while mowing the lawn, etc. Here again, early medical care and advice may see a middle-aged man or woman rescued from the path of invalidism and restored to a useful, if somewhat restricted, social and economic life.

Education

This is the intangible part of public health nursing that requires vision, perseverance, and determination. It is disappointing at times but we must never lose sight of our objective. Progress is slow and, though we may not live to see the end result, let us go about this task with zealous minds utilizing every means at our disposal.

A large proportion of our adult cardiacs have acquired their primary lesions through having had one of the preventable diseases during childhood. It is only logical, therefore, that we should concentrate our efforts on the health of our children. Every possible means should be employed to improve and maintain the health of our future generations.

Our immunization program against some of the more serious communicable diseases has probably already done much to reduce the incidence of cardiac damage, but it should be further extended and pursued to the fullest extent of our present knowledge and facilities.

Acute rheumatic manifestations in childhood and adolescence is our reservoir of potential cardiacs. Here lies our major front for attack. Statistics show (and, indeed, they have revealed some striking features about this disease) that rheumatic fever is most prevalent among the underprivileged children; hence overcrowding, unsanitary surroundings, poor nutrition, and various uncorrected physical defects contribute much to the incidence of this illness. We must, therefore, strive for better nutritional and living standards. Our school health inspections will be wasted efforts if we do not press for the early correction of defects, which are still much too common, especially in our rural areas. The scarcity of medical, nursing, hospital, and dental care for the rural population is one of the major health problems yet to be solved and, until such facilities are readily available, progress will be slow.

To the adult population, especially to the hard-pressed or high-geared business men (between the ages 45-60) words of warning should be freely extended. These people must be warned to slow down. They must be warned against too long and too intense application to work at the expense of rest and recreation; also against overweight. More and better recreational opportunities must be made available to this group. They can and they will provide these for themselves, but they must be educated to see the need for it.

Conclusion

The problem of heart disease in adults is by no means only a medical one. It is bound up with the social

and economic structure of our time. More and more, it will have to become a problem recognized by the state.

We would agree that all the people should have social security. Freedom from want will remain an empty promise unless concrete steps are taken for its realization. Included in this realization will have to be some plan to provide medical care for all, irrespective of race, creed, sex, or economic status, and irrespective of whether they live in town or country. We would also agree that all the people should have not just some medical care but the *best possible* care. The whole modern technology of medicine should be available to them, including the services of the general practitioner, specialist, dentist, nurse, hospital and laboratory. We would emphatically agree that prevention is better and also cheaper than cure, and that preventive medical services should, therefore, be in the foreground of all activities.

National Immunization Week

September 11-17, 1949

Can all Canada's children be sure of a decent chance for good health? Can all Canada's children be protected against communicable diseases? Slowly, we seem to move toward our goal—the conquest of communicable diseases.

As late as 1930, the communicable diseases remained children's vicious enemies. Today, with effective preventive measures, medical science has conquered many of these so-called "childhood diseases." First of these is smallpox.

Smallpox used to be among the most dreaded of diseases because of its severity and the remaining disfigurement resulting from smallpox scars. It is estimated that in the 18th century sixty million of the inhabitants of Europe died of smallpox. It attacks all ages. There is no natural immunity against smallpox. Anyone who has not been vaccinated may catch it. Universal vaccination would wipe it out.

Diphtheria is a disease which spreads very rapidly from person to person, either by direct contact or by means of "carriers." In the old days before the discovery of antitoxin and toxoid, it wiped out whole families and even communities because of its severity. It was dreaded almost as much as smallpox. It attacks people of every age, but it is much more apt to attack young children, especially those from six months of age up. Toxoid will provide protection. Given in the sixth month of life, toxoid is now so safe and effective that no child should be denied its benefits.

Whooping cough is the most likely of all communicable diseases to affect the youngest members of the family. Whooping cough vaccination given in infancy can greatly reduce the prevalence and probably the severity of the disease. It is the most deadly of all children's diseases.

Tetanus or lockjaw is of interest not because of its prevalence but because of its severity and because it can be so completely prevented simply by using toxoid tetanus.

These are the facts. Canada's seventh National Immunization Week—September 11-17—is devoted to the education of the public, especially parents, to see to it that every child is protected against smallpox, diphtheria, and whooping cough by immunization.

Here are the facts concerning these diseases in Canada:

		1948	*1947*	*1946*	*1945*	*1944*	*1943*
Diphtheria	Cases	898	1,550	2,535	2,786	3,211	2,804
	Deaths		140	229	270	311	287
Whooping Cough	Cases	7,084	10,324	7,676	12,192	13,382	19,082
	Deaths		232	226	457	333	416
Smallpox	Cases	——	——	2	——	——	——
	Deaths	——	——	——	——	——	——
Scarlet Fever	Cases	7,543	7,492	9,308	11,982	20,945	18,639
	Deaths		42	58	79	114	100
Poliomyelitis	Cases	1,158	2,291	2,527	384	721	327
	Deaths		88	177	24	39	

Deaths for 1948 are not yet available.

Private Duty Nursing

Cardiovascular Disease in Later Life

DOROTHY M. WILLSON

Average reading time — 8 min. 48 sec.

AS VARIOUS TYPES of heart disease continue to take their mounting toll of the world's population, the discussion of symptoms and treatment of this particular ailment is of ever-increasing importance and interest, especially to those concerned with the welfare of others and to those responsible for the nursing care of patients with disease in this vital organ.

In this study we shall deal with cardiac diseases occurring in the later years of life—namely, the terminal stages of rheumatic heart disease and degenerative heart disease.

Rheumatic heart disease usually has its origin in childhood or early adult life. The inflammatory process subsides but the scars remain, weakening valves and muscles, so that over a period of years a progressive decrease in exercise tolerance takes place. This is recognized by increasing dyspnea on exertion, venous engorgement, cough and, eventually, dependent edema. The physician, on examination, may find an engorged liver, moisture-laden lungs, hydrothorax, or ascites. The heart rhythm may be abnormal. Premature beats, coupled rhythm, auricular fibrillation or flutter, or paroxysmal tachycardia may be present. The cardiogram may reveal the types of abnormal rhythm and conduction defects.

Degenerative heart disease, on the other hand, is usually thought of as occurring in the later decades of life. But the all-too-frequent finding of coronary thrombosis in the third or fourth decade impresses on one how early in life degeneration of the vascular system may occur. In arteriosclerosis there is thickening of the blood vessel walls and narrowing of the bore of the blood vessel. This is brought about by degeneration and thickening of the muscular coat of the arteries, with loss of elasticity and, at times, even calcification. Degeneration of the intima, or inner lining of the artery, also takes place. A smaller artery, with decreased elasticity, carries less blood, which results in an inadequate supply of oxygen to the organ depending on that artery.

In an organ like the heart, which is almost entirely muscle and contracts sixty or more times per minute throughout life, any limitation of blood supply is very serious. Insufficient oxygen causes a working muscle to cramp and pain. When this occurs temporarily in the heart it produces angina. If anoxemia is constant, or often repeated, then the muscle degenerates and is eventually replaced by scar tissue. As this process progresses, the quantity of healthy muscle fibres is constantly lessened and ultimately heart failure must occur.

Arteriosclerosis may or may not be associated with hypertension. When hypertension is present, from whatever cause, arterial degeneration will be accelerated. Essential hypertension may not yet be thoroughly understood. It is due possibly to abnormal stimulation of the blood vessel muscles through the sympathetic nervous system. Why this should be is not known but, if the

Miss Willson, formerly a private duty nurse, is now working in a doctor's office in Hamilton, Ont.

sympathetic nerve paths can be interrupted early enough, the blood vessels and the organs they supply may be saved. Otherwise, rapid degeneration and death are the usual result in a matter of three or four years' time. This grave situation generally occurs in early life and should prompt an understanding investigation and treatment.

Symptomatic hypertension may be transient and occurs under stress and strain, disappearing when strain is alleviated. This is not hypertension but the individual's reaction to strain. Hypertension may be the result of the presence of an adrenal tumor. The pressure in this instance may be intermittently extreme.

Chronic nephritis causes hypertension and hypertension, through the damage it does to the blood vessels supplying the kidney, causes nephritis. Thus a vicious circle of tissue damage in the kidney is brought about by any form of hypertension. The removal of an adrenal tumor, or of a dead kidney if the other one is healthy, will often relieve hypertension.

Angina pectoris and intermittent claudication are not diseases but symptoms. By way of explanation let us recognize the fact that muscle activity requires oxygen supply in direct proportion to the activity of the muscle. Muscle activity produces carbonic and lactic acids. Narrowed vessels limit blood flow and oxygen supply and may also fail to carry away waste acids. With a certain degree of activity, a sclerotic vessel will permit the muscle to function comfortably, but beyond this degree of activity a shortage of oxygen and an accumulation of acids results. This condition, in turn, associates itself with muscle angina, if it is heart muscle which is affected, intermittent claudication if skeletal muscle is involved. Recurrence of such a condition may cause a resulting muscle atrophy.

Attacks of angina pectoris, arising from emotional strain, are transmitted by the nervous system.

As a further complication, vascular thrombosis may occur, in either a coronary or a peripheral artery. As we know, a thrombus is a clot formation in and obstructing a previously diseased artery. An area of tissue, which has had its blood supply cut off by a thrombus, degenerates. This degenerating area is referred to as an infarct.

Thrombosis in a coronary artery will result in an infarction in the heart wall. If an infarction involves the inner surface of the heart wall, a clot may form on this, eventually breaking free and thence becoming an embolus. If an embolus arises from the right heart it will be carried to the lungs. If it occurs in the left heart, it will travel to the brain, trunk viscera, or extremities. An embolus (a clot or air) usually floats in the bloodstream until a vessel is reached through which it cannot pass, thus bringing about an eventual block in that particular area.

Points of Nursing Care

When considering the treatment and nursing care of cardiovascular diseases, the importance of the heart as a vital organ should be realized. Any undue exertion or strain should be avoided, with definite rest periods being an obligation.

Movements of the body should be initiated slowly, since the rapidity of the heart rate depends greatly on the speed with which the exercise is taken. Overweight, with its added burden on the heart, should be avoided. The diet should consist of light, nourishing foods; no highly seasoned dishes or alcoholic drinks; little salt and, at times, restricted fluids. Easily digested foods give less flatulence through fermentation. A full or distended stomach reduces the heart reserve approximately 25 per cent.

The dangers of infection should be stressed and periodic examinations by the physician should be advised. Should a cardiac patient develop a respiratory infection, bed rest should be ordered at once, and utmost vigilance kept until complete recovery is accomplished.

Rest and its importance cannot be over-emphasized. Emotions, such as fear and anxiety, are harmful and should be avoided. Optimistic, cheerful attitudes on the part of doctors, nurses, and visitors are essential.

Definite health habits should be established with regard to elimination. Mild laxatives only are permitted, with the importance of diet again stressed in this respect. Patients who require complete bed rest have numerous other needs to be considered. A cheerful, pleasant atmosphere is essential but with precautions toward limiting the number of daily visitors. The patient's own appearance can be a means of building up her morale. The nurse should attempt to anticipate her patient's needs and to be thoughtful in her decisions.

Daily sponge baths given by the nurse each morning prove refreshing to the patient and at the same time keep the skin in good condition. The hair should be kept neat and the nails short and clean. The back should be rubbed well with alcohol and talcum powder applied several times daily. Since older people are more susceptible to pressure sores, due to impaired circulation, this latter treatment is of utmost importance. Pressure points should also be carefully protected.

The room itself should be bright and cheerful, with plenty of fresh air in order to ensure a good supply of oxygen with the least possible effort. Extra blankets may be applied to keep the patient comfortably warm. If an oxygen tent is in operation the nurse should fully understand its mechanism in order to keep it at the proper temperature and the oxygen supply sufficient, according to order. In this way the patient will be spared from smothering sensations. Fowler's (sitting) position also affords greater ease in breathing.

If digitalis is being administered the nurse should watch for signs of toxicity—namely, irregular or slow pulse, retching, vomiting, somnolence, cold extremities, or diarrhea. Morphine may be given, according to the doctor's order, for pain and restlessness.

The total urinary intake and output should be measured for comparison, to test the efficiency of kidney function. This is an important guide to the doctor in regulating the amount of fluid allowed. Too much fluid distends the stomach, thus increasing the heart's load, and may precipitate edema of the extremities if the circulation is poor or the kidneys impaired.

During convalescence constant watch should be kept to guard against overexertion. Attempts to sustain the patient's interest are of great importance, and at no time should the nurse neglect to watch diligently for the slightest signs of cyanosis, faintness, anxiety, or pain.

Our constant aim throughout the course of careful treatment and study of these cases should be a mindfulness of the need for rest and freedom from the impossible demands frequently placed upon an already weakened and tired organ. Only in this way can we build up the heart's reserve force and establish a mode of living well within the limits of this reserve.

Death on Wheels

With the return of summer, Canada's highways once again are choked with thousands of motorists. Don't be responsible for needless injury by careless driving. Scientific tests have shown that rash, heedless driving actually saves little time while endangering lives. Don't learn about traffic laws the hard way. And remember—alcohol and gasoline don't mix!

Baby's Sunbathing

Judicious amounts of sunlight are fine for the baby, but during his sunbaths the infant's eyes should be protected from the direct rays of the sun until he can move himself about easily. Placing him with his feet pointing away from the sun permits his brows and upper lids to shield his eyes. The hood of the carriage should be lined with dull material, preferably dark.

Institutional Nursing

The Nursery Aide Course

EVA WILDERS *and* ELIZABETH RAE

Average reading time — 9 min. 48 sec.

INTRODUCTION

SINCE 1917, the Infants' Department of the Vancouver General Hospital has been giving a course for nursery aides to qualify them for the care of well babies, and for minor ailments that may occur. The course includes both theoretical and practical work and is seven months in length. The students are instructed in such procedures as the preparation of formulas and feedings, care of clothing, enemata, bathing, etc. On the successful completion of the course, the student receives a Nursery Aide certificate with signatures of the director of nursing and of the supervisor of the Infants' Department. Student enrolment numbers ten, but students do not necessarily enter in classes—as one student finishes her course, another may enter training, so that at any given time the students may be at various stages of the course.

REQUIREMENTS

Applicants for this course must be between eighteen and twenty-five years of age. They must have successfully completed at least two years of high school (Grade 10, British Columbia). They must have had a physical examination by their own doctor and are given a chest x-ray when commencing training. The applicants are requested to submit two references from people other than relatives. We have found that references from high school teachers are particularly helpful. If at all possible, a personal interview is held with the applicant to determine her attitude, personality, and adaptability to this type of work.

Mrs. Wilders is supervisor of the Infants' Hospital, Vancouver. Miss Rae assists in the training of nursery aides.

LIVING ACCOMMODATION

During the course, the nursery aide students are governed by the same rules as are the student nurses. They live in a residence adjacent to the hospital and receive full maintenance as well as an allowance of $8.00 a month. They also receive hospitalization in the event of illness.

A large house serves as a residence for the student nurses and nursery aides. Bedrooms accommodate from one to four persons. There is a small kitchenette and a large recreation room.

UNIFORM

The uniform is a plain buff-colored, short-sleeved Hoover with detachable starched white collar. Black shoes and stockings are worn.

WORKING CONDITIONS

The students are on a straight eight-hour day, including classes, with one day a week off duty. They receive an extra day off for each of the statutory holidays occurring during their course.

THE HOSPITAL, PATIENTS, AND STAFF

The first floor of the hospital consists of such rooms as the offices, linen-room, waiting-room, kitchen, dining-room, laboratory, and milk laboratory. The second and third floors have a capacity for forty-four babies in cubicles. The second floor is reserved for cases such as respiratory and intestinal infections, the

third floor for surgical cases and feeding upsets. As well as the cubicles, there are a number of rooms for use when isolation precautions are to be observed. There is a complete operating-room where major as well as minor, surgery is performed.

Infants with all types of conditions, medical and surgical, are admitted to the hospital, communicable diseases being the only exception, although orthopedic cases are comparatively rare. The age group ranges from a matter of hours to two years, with an occasional three-year-old.

The staff of the hospital includes a supervisor, assistant supervisor, instructor, fifteen graduate nurses, six graduate nursery aides, seven student nurses, and the ten student nursery aides; also various lay staff, such as janitor, cook, and seamstress. There is a resident interne and a laboratory technician.

Practical Program

Orientation and simpler nursing care of infants (chronic and convalescent)—12 weeks: The new student reports on the afternoon previous to the commencement of her course. At this time she is introduced to the other students, is settled in her room, and shown around the home. The following morning she reports for duty. The rules of the residence and the hospital are pointed out to her. She is then taken on a complete tour of the hospital, ending with the ward on which she is to work. Next, the set-up of an individual cubicle is shown. The importance of cubicle technique is stressed. A demonstration of changing diapers and of taking rectal temperatures is given. Then the food room is shown and the proper way to feed a baby is demonstrated. The student spends the remainder of the morning feeding babies. In the afternoon she is taught how to wash the babies' wash cloths and soiled diapers.

For the first two weeks, the student carries on this routine of feeding and changing babies, serving diets, and looking after the food room. At the end of her second week she is shown how to bathe a baby and from then on she falls into the regular routine of the ward.

Linen room—4 weeks: During this section of the course, the student is on duty in the afternoon from 3:00 p.m. to 11:30 p.m. She sorts and folds the clean linen, setting aside for the seamstress anything requiring mending. It is the duty of this nursery aide to mend the children's socks and underwear. Also, on visiting days, she attends to the parent-visitors, "gowning" them and directing them to their babies. In the evening she helps the nurses with their regular duties on the wards.

Night duty—2 weeks: At this time the student continues with the routine feeding and changing. She learns to collect urine and stool specimens and to make babies' breakfast cereal.

Milk laboratory—6 weeks: For the first half of this time, the student does cleaning, prepares glucose water and the babies' food (e.g., meat patties, puréed vegetables, etc.), and does the autoclaving. During the last half of this period she makes the formulas.

Ward care of babies—4 weeks: The remainder of the course is spent in general routine care of the babies on the wards. At this time it is ascertained that the student has learned to perform the various procedures which she has been taught, and her written permanent records are completed.

The following is a list of the procedures the student is required to perform:

Take temperatures—rectal and axillary; make cereal; bathe baby; weigh baby; set up a croup tent; give enemata; give simple medications—e.g., vitamins; give mustard bath; apply restraints; prepare a sinapism; prepare a sling bed for eczema case; collect urine and stool specimens; prepare starch poultice; strap an umbilicus; apply a truss.

Theoretical Program

Besides the practical instruction, these students attend a series of twenty one-hour lectures and demonstrations related to the various

procedures. All lectures and demonstrations are given by an instructor qualified to teach student nurses.

The following is a brief outline of the content of these lectures and demonstrations:

Lecture 1—The newborn baby: Care of babe immediately after birth. Care of skin, clothing and feeding, elimination. Care of cord and genitals. A few common terms.

Lecture 2—Bathing in the home (tub, lap): Method, equipment, articles on toilet tray. Procedure, care of nails and buttocks. Sun bathing.

Lecture 3—Nursery clothing laundering: Principles of clothing (simple). Types of clothing worn. Washing of clothes.

Lecture 4—Temperature, pulse and respiration: What are they? What do they indicate? (e.g., infections). Importance of ascertaining condition of babe.

Lecture 5—Stools: normal and abnormal: Description of normal stools. Description of various consistencies. Description of various abnormalities and their significance.

Lecture 6—Breast feeding and weaning: Advantages. Hygiene and diet of nursing mother. Technique of breast feeding. Contraindications. Weaning methods.

Lecture 7—Artificial feedings I: Measures taken with cow's milk (e.g., pasteurization, certification). Necessity of adequate protein, fat, etc. Definite routine of feeding. Special feeding trays (e.g., for cleft palate repair).

Lecture 8—Artificial feedings II: Difference between cow's milk and breast milk. Steps taken to overcome these differences. Digestibility of cow's milk. Sugars used in formulas—lactose, sucrose, dextrin maltose, corn syrup, dexin.

Lecture 9—Artificial feedings III: Various modified milks used—their advantages and disadvantages. Evaporated, condensed, dried milks—S.M.A., Lactogen, protein milk, Casec —special forms—Sobee and Mullsoy. Acidified milks.

Lecture 10—Preparation and storage of formulas: home, hospital: Milk laboratory routine. Set-up in home. Equipment, sterility. Importance of cleanliness stressed.

Lecture 11—Cooking for children: Soups, meats, vegetables, eggs, cereals, desserts, fruits, and milk.

Lecture 12—Additions to diet (1-2 years): Orange juice, cod liver oil, pablum, fruit, vegetables, beef juice, egg, and meat.

Lecture 13—Menu preparation—pre-school age: Essentials for a day. Foods to avoid. Kind of food required.

Lecture 14—Food habits.

Lecture 15—Normal child: Physical development.

Lecture 16—Child guidance: Importance of play, toys. Common habits (e.g., thumbsucking). Mental development—effect of heredity. Sex education.

Lecture 17—Digestive disorders and diseases: Colic, constipation, diarrhea, vomiting, worms. Deficiency diseases.

Lecture 18—Infant illnesses: Cold, croup, eczema. Symptoms, nursing care. Infectious diseases, description of symptoms, incubation times—measles, rubella, chickenpox, scarlet fever, mumps, whooping cough, diphtheria.

Lecture 19—Isolation technique: How infection is transmitted. Description of isolation technique—home, hospital.

Lecture 20—Nursery emergencies: What to do for convulsions, burns and scalds, poisons, and foreign bodies.

Records, Reports, Examinations

To evaluate the student's progress a number of methods are employed. Throughout her course she receives monthly written reports with personal interviews. Besides informing the student of her good and bad points this procedure enables the instructor to help solve any difficulties. At the end of her lectures, the nursery aide writes a two-hour examination dealing with all phases of the course—practical and theoretical. A practical examination is carried out during the last week of the student's training.

Employment Opportunities

On completion of this course, the nursery aide is prepared to work either in institutions or in private homes. In private homes, these girls may take temporary or permanent cases looking after babies or young children. They register with the Undergraduates' Association in Vancouver and earn $80 to $110 a month with room and board. There is always a demand for the services of these nursery aides.

Public Health Nurses Report

Editor's Note: The Child Health Association in Montreal adopts the somewhat unique practice of substituting papers by staff nurses for the executive director's report at the annual meeting of the association. The following three papers were given this year.

The C.H.A. is a specialized, private agency caring for the child from birth to school age. In addition to the home visiting by the nursing staff, each district has a medical clinic and a nurses' teaching clinic once a week with a mental health consultant in attendance at the latter once a month. The clinics operate on an appointment basis, with the membership fee based on income and rent paid.

Miss Adam and Miss McLeod are graduates of the Montreal General Hospital and the McGill School for Graduate Nurses. Miss MacIntosh, who graduated from Royal Victoria Hospital, Montreal, secured her public health training at the University of Western Ontario.

Housing

BEATRICE ADAM

Average reading time — 4 min. 6 sec.

IN THIS DEMOCRATIC era, home life is recognized to be the dominant force in the building of character. Our homes are circumscribed by the walls of our houses. Many houses are so constructed today that they are detrimental to the normal development of healthy minds and bodies.

The emphasis in our health teaching has had to change. No longer are we, as nurses, able to stress the need for baby to have his own bright airy room—for baby, today, sleeps in a bureau drawer either on top of a chest of drawers or on a trunk by the parents' bed. Along one side of the room is a bunk where the eight-year-old girl sleeps in the second deck with the six-year-old boy in the lower section. The crib is at the end of the bunk where the three-year-old sleeps. This set-up is to be found right across Montreal, from Rosemount to Verdun. Families of nine to twelve live in a four-to five-room flat. The use of bunks, folding cots, folding chairs, and studio couches is a necessity.

A four-room flat in Verdun houses eleven adults and four children. It should be noted in passing that the home has been neat and tidy at all times when the Child Health nurse called. One family worked out their problem this way. The eight-year-old girl was too big for the crib and the bedroom was too small for another cot or couch. They placed a mattress on a bureau in the clothes closet, and Susan slept there with clothes hanging from pegs above her head and feet. This mother hastened to assure the nurse that she "always left the closet door open at night."

Is it any wonder that family life is unstable today? Just picture what any of these home situations is doing to each member of the household. Think of the grandparents! What privacy have they or what opportu-

nity to carry out their hobbies in peace? Grandmother finds herself caring for the young children all day while mother goes out to work to supplement the income, and there really isn't room for two women in the small kitchen! Grandmother's ideas on child training are not always those of present-day thought, yet who can blame her for doing the job in her own way? Did she not bear twelve children and raise eight of them? Sickness and chronic illness in this senior age group, with a limited number of hospital beds available in the community, present added worries, fears, and anxieties for the young adults.

The teen-age children in the home—what are they doing in the evenings? Where can they study their homework? Where can they entertain their friends? Where is there room to jitterbug in the small flat or rooming-house? Sleeping in the same room with their parents is no place for these children. Parents and teachers have reported a gradual lowering of the standards and an inability to concentrate, an inclination to day-dream —the beginnings of delinquency. Such children are confused, wondering "why" to so many questions. They object to the new baby, when obviously they are already overcrowded and there is not enough money for the desired weekly allowance.

And what is the young preschool child doing in this all-important period of his life? Has he opportunity to play, to develop his muscles in running, jumping, pulling, pushing, climbing, banging? Just how much freedom for self-expression has a child who lives on the third floor or over the landlord's apartment?

We feel a baby needs many things. The need for the right foods and clothing is no more important than the need to be able to cry when he feels like it; to feel safe and secure within a stable family atmosphere. The tensions within a home where notice has just been received that the rent, which has been $35 a month will, as of May the first, be $100 a month! These tensions and emotional upheavals are shown in more ways than in the number of dishes dropped by nervous hands.

Think of father, taking his turn on night shift, trying to sleep in their one-room home where the young wife is learning to cook on a two-burner plate, holding the new baby in her arms all day to keep him from crying. Short tempers, frayed nerves, disappointed and frustrated in so many things, the young war bride thinks of home in England or Holland and wonders if it was worth leaving home for "this."

Such small living accommodations, with limited storage and cupboard space, force the housewife to buy in small quantities for which she pays more. No satisfactory refrigeration causes a great waste of perishable foods. Lack of stoves and ovens leads to poorly balanced meals and subsequent inferior nutrition for all. We might go on about the inconvenience of sharing the bathroom with four or five other families! Old homes, vacated stores, with damp walls, poor plumbing, cockroach infested woodwork—such conditions can be borne with reasonable fortitude if it is temporary and there is a certainty of better conditions in the immediate future. But what if there is no prospect of a change?

For some, this dream has already come true. Self-contained, one-or two-storey houses are available in both Verdun and Rosemount, where young couples with two or more children are spreading out in a five-or six-room home. Father and mother are able to entertain in the living-room; the children can have their own rooms, their local skating rink in the backyard. Each family has a dog or cat or both, plus a canary, gold-fish, and those little extras which are so important in the development of a full personality.

In conclusion, might I say that we feel the great majority of our families are doing a really fine job as home-makers, in spite of difficult circumstances. Most of the parents are grateful and appreciate the benefits

derived through membership in the Child Health Association. We rejoice with each as they move to bigger and better homes. We look forward to the day when all shall be vitally aware of the importance of housing in the health and welfare of the family. That is a hope for the future.

The Mental Health Program

MIRIAM MCLEOD

Average reading time — 4 min. 48 sec.

MENTAL HYGIENE is of the utmost importance in the prevention of emotional problems. Physical, mental, and emotional health are regarded as inseparable and parents can be helped to deal with everyday problems of living with a minimum of anxiety.

In our child health program we are not concerned only with getting the physical examinations done periodically and the immunizations completed. We are just as interested in the emotional development of the child as well.

Due to the extremely overcrowded living conditions of the present day, it is difficult for families to lead a normal life. However, we try to impress the parents with the most important fundamentals that will lay the foundation for healthy, normal growth in their children. Our purpose is to familiarize parents with what normal development means so that they may more fully understand their own children and thus ease any undue anxiety over so-called behavior problems that are in reality normal expressions and part of the process of growing up.

If we are in contact with the mother before the child is born, we start to prepare her for breast feeding her infant. The importance of breast feeding is stressed not only from a nutritional point of view but the emotional aspect as well. Babies need that feeling of warmth and security experienced from being held in mother's arms. If for some reason the mother is unable to feed her baby herself, she is advised to always hold him in her arms. Some mothers seem to be unaware of the emotional deprivation that can result from the use of new bottle-feeding devices manufactured to make baby care more convenient.

During this first year of life toilet training is a very important point for discussion. Mothers are cautioned against training their children too early. Toilet training is not even considered until the child is well able to sit up by himself without support. We should not expect a child to be trained completely before two years of age—sometimes later than that, allowing for the individual differences of children.

From one to two and a half years is the restless, investigating period of childhood. This is characterized by his inability to remain still for an instant during his waking periods. He is continually climbing, reaching, grabbing—making himself familiar with everything within reach. This is a rather trying time for the parents. They are often perturbed by the child's complete self-centredness, his selfishness and unwillingness to share. We point out to parents that this behavior is normal and expected at this age level—that it does not necessarily mean that he is going to grow up to be a selfish individual.

From two and a half to five years, play is one of the most important factors in growth and development. At this time active outdoor play is indulged to develop the larger muscles. The child becomes more socially-minded and this is much to be desired and encouraged. Children need playmates at this period just as surely as they need good food and lots of rest. Some parents are not aware of

the importance of this fact. With playmates of his own age he learns to share and to respect the rights of others. A lonely child is a maladjusted child. These lonely ones are the day-dreamers living in a world of make-believe that will become increasingly difficult to separate from the world of reality if not rectified. These children are often slow at talking and observation, and find an unhappy situation to adjust to when starting to school.

A distraught mother brought a little fellow of three and a half years into clinic. Peter had been such a happy, easily managed child until three or four months previously, but now he was becoming a problem, seizing every opportunity to get into trouble. He had reverted to bed-wetting after a long period of dry nights. He was destructive and deliberately broke dishes or cut pieces of clothing with the scissors, fully aware of the fact that he was in the wrong. On questioning his mother it came to light that there was a new baby in his home. Up until the arrival of his baby sister, Peter had been the focus of attention. Things were quite different now. Mother was spending most of her time fussing over this intruder—even dad seemed to have forgotten him as he would rush by when he'd come in from work on his way to look at baby sister. Peter was very lonely. He didn't even have any playmates—mother didn't let him go out to play with other children. When these facts were pointed out to the mother, she could realize that Peter's behavior was a means of gaining recognition and attention from his parents, even if that attention did mean scoldings and slaps. They were quite unconscious of the fact that a child that young could experience the pangs of jealousy. Mother was advised to gain her husband's co-operation and lavish a little more love and attention on Peter—to include him when praising the merits of the baby and, when the father came in at night, to acknowledge Peter's existence first. Baby won't mind and it makes such a difference to Peter.

Another young mother came to clinic with her little girl of two and a half. The youngster manifested typical symptoms of tension and insecurity—her fingers were continually in her mouth, she was irritable, highly strung, thin and pale. Mother was so discouraged and disappointed. She and her husband had been trying so hard to make a model child of Mary and she had disappointed them at every turn. That was the root of the whole trouble—they had been trying so hard! Mother and father didn't realize that they were expecting far too much of Mary. They didn't realize that the youngster's emotional development was being seriously impaired when they were continually reprimanding, scolding, and slapping for things that she was far too young to understand.

The most important needs for children at all ages and stages of growth and development are stressed over and over again. Do not expect adult reasoning from a baby's mind. Praise deeds well done. Above all, shower them with affection which gives them that feeling of security and belonging—so necessary if they are to grow up to be happy, well-adjusted individuals.

It is gratifying to realize, despite the trials of living today, that the parents are responding favorably to our instruction.

Childbearing has become safer in Canada. The death rate from the diseases of the puerperal state has dropped 75 per cent since 1924-26. The improvement has been even greater than indicated by this figure, inasmuch as the birth rate has been higher in the past three years than in the earlier period.

". . . no person can live his life without taking into consideration how his thinking, his behavior, and his health will affect others in the home and community associations. Happiness is found in the little details of everyday living—in the give and take of human relationships."

—LONA L. TROTT, R.N., B.S.

Student Teaching Program

CHRISTINE MACINTOSH

Average reading time — 3 min. 36 sec.

ONE ASPECT OF THE basic philosophy of the World Health Organization is that the health and welfare of the individual is a factor in the attainment of peace. It is gratifying to note that the great world leaders and governments are giving this attention to health and to realize that maximum physical and mental health has come to be looked upon as a human right.

The same belief underlies Canada's national health program, which is steadily growing and expanding. The limit of the expansion possible in this program is directly related to the availability of trained personnel. At the present time, there is great demand for workers, both doctors and nurses, with the necessary education and experience. In order to provide education and experience for the potential health worker, it is necessary to have the co-operation of qualified agencies and, as a well-established voluntary public health agency, the Child Health Association has a valuable and essential part to play.

Here, in our Chandler Health Centre, last year we provided an opportunity for more than three hundred students to observe well-baby clinics and to realize the value and importance of this type of work. The medical students of McGill University are required to spend some time in our clinics. Our medical staff is most co-operative and these students receive knowledge which is essential to them in their work as our future doctors.

Working with the Royal Victoria Montreal Maternity Hospital and McGill University, we are now providing field experience for a group of nurses taking a post-graduate course in obstetrical nursing. As a project, these nurses are each doing a follow-through study with one family. They follow the mother through the prenatal clinic, nurse her during her confinement in the hospital, and finally, with the Child Health Association nurse, visit her in her home after her discharge. Thus the student receives a complete picture of the newborn child in relation to its whole environment. In no other way could these nurses get such a practical and realistic sense of the value of co-operation between hospitals and public health agencies.

Each year, in association with the Diet Dispensary, we provide a demonstration for the household science students from Macdonald College and, from time to time, student dietitians use our clinics for their practice teaching. The importance of good nutrition in the general health picture receives fitting emphasis.

This year we provided child welfare experience for several Red Cross nurses who are working in outpost hospitals, and are the only medical workers in isolated areas.

But the greatest part of our program is devoted to the nurses taking the public health course at the McGill School for Graduate Nurses. Each of these students spends from two weeks to one month with our organization. Our aim is for each of them to learn about the growth and development (both physical and mental) of the normal healthy child, and to observe how conditions, such as nutrition, housing, income, and standards of living, affect their development. The students acquire this knowledge by using their eyes when visiting in the homes and by observing and helping in our clinics. Our work with them begins in September and lasts until the end of June. Sometimes we have students in the summer months also.

Before any agency or organization is used by a university to provide the practical training in their cur-

riculum, that agency must prove itself to be well qualified. It is, therefore, a stamp of approval on our association that it is used by McGill University to such an extent. In former years we have also given experience to a selected group of undergraduate students from various hospital schools of nursing in the city of Montreal but, owing to our small staff, we find it impossible to carry out this type of teaching program at the present time.

It is a privilege to be able to play a part in educating these health workers who will be so valuable in implementing the programs for our national health. The students, in turn, give something back to our agency by providing an added interest and incentive to our staff. They keep us "on our toes" and thus help to improve the quality of our service. All in all, it is gratifying work because the students are most appreciative and feel that they gain a great deal from their field experience here.

In the Good Old Days

(*The Canadian Nurse, August, 1909*)

"When the passion for health spreads to the people there will be such an upheaval of society that disease and uncleanliness will be swept out of the land. Think of the joy . . . when hygiene is rightly understood and applied and the only use of the doctor will be to attend accidents."

* * *

"There is nothing in the nursing profession which so well repays a woman for her work in abundance of interest and possibility of service to others and broadening and deepening of her own life as the daily work among the poor and miserable in the crowded streets of the great cities. More and more, women will find their true vocation in the branch known as visiting nursing."

* * *

"In the seventy nurse-training schools (in Canada) carefully studied, ten adhere to the two-year course, three to two and one-half years, and the remaining fifty-seven require a three-year hospital service."

* * *

The title of one of the papers given at the third annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses has a familiar ring even today: "How can we Combat the Commercial and Foster the True Nursing Spirit?"

* * *

"It is with the greatest pleasure and satisfaction that we officially announce the organization, under the happiest auspices, of the Nova Scotia Graduate Nurses' Association, and wish it all success, with many congratulations upon this, one of the most important events in the history of the nursing profession in Canada."

* * *

"Work has been begun on the new buildings in connection with the Toronto Western Hospital, to cost in the neighborhood of $75,000. The largest building is a pavilion 126 feet in length, with a verandah in addition of 12 feet."

℞ *Chuckles* P.R.N.

To protect yourself from tuberculosis, eat well and obtain plenty of sleep while working.

Auscultation is artificial respiration by means of mouth-to-mouth breathing.

Vital statistics: A careful chart is kept of the marriages so that people cannot be married twice unless one is dead or a divorce granted.

Self-confidence should be inspired in children as soon as they are old enough to reason—in a moderate dose of course.

Do not walk on the beech in your bear feet.

When the patient returns from the operating-room be sure the ammonia jacket and gown are dry.

Give no drugs without the proper order. Even vitamin capsules should be subscribed by the doctor.

The perineum is the area between the uvula and the anus.

To help a patient sleep see that no street lights are shinning on his face.

Do not use any patient drugs.

Aux Infirmières Canadiennes-Françaises

Orientation et Directives

SOEUR LOUISE DE MARILLAC

Average reading time — 13 min. 36 sec.

L'ORIENTATION

A L'INSTAR DE St-Jean Baptiste, je remplis le rôle de précurseur. En effet, cet humble exposé énonce les grands principes qui sont à la base de l'orientation et il en définit les buts.

Aucune infirmière ne songe à définir l'orientation: un indicateur au carrefour, désignant la route à suivre, ou une lumière rouge indiquant un danger. En effet, on ne peut appréhender l'orientation, tel un matériel. Elle n'est donc pas une flèche d'indication, laquelle contraint le voyageur à suivre le chemin tracé, sans aucune déviation, s'il veut atteindre le but proposé. Non plus, le rayonnement incandescent, lequel impose un arrêt et quelquefois un recul.

L'orientation est quelque chose d'immatériel qui n'impose ni ne contraint, mais s'adresse à l'âme en respectant le grand principe de l'individuation et de l'autonomie. L'âme est individuelle, d'où les facultés qui en émanent. L'intelligence et la volonté sont différentes de celles des autres âmes.

On peut définir l'orientation: "Le processus qui consiste à aider un individu à choisir une occupation, à s'y préparer, à y entrer, et à y progresser."

Processus: C'est un ensemble d'activités, prolongées et co-ordonnées, qui ne peut s'accomplir en deux jours de tests, mais qui suppose une longue et profonde étude de l'individu, laquelle doit se continuer pendant tout le cours et même dans les années subséquentes; d'où l'importance d'un bureau de direction bien organisé, à l'école des infirmières, où systématiquement médecin et psychologue, membres attitrés de ce bureau, interviewent chaque aspirante.

Je dis chaque aspirante. En effet, la véritable orientation de groupe ne peut se faire: le tout donnera des renseignements sur la personnalité ou sur les occupations, mais l'orientation proprement dite est essentiellement un travail de personne à personne.

Ce procédé a pour but d'examiner la candidate à un triple point de vue, à savoir: sur les antécédents personnels et familiaux; sur l'équilibre mental et physique; et enfin sur les aptitudes réelles ou figurées.

Pour reprendre l'analyse des termes de la définition, nous considérerons maintenant l'expression: "Aider l'individu." Le conseiller d'orientation n'a qu'un rôle indirect. C'est l'individu qui en tous temps conserve la responsabilité du choix.

Il s'agit ici d'instruire avec la plus grande sincérité l'aspirante au cours d'infirmières, des devoirs et des responsabilités de la vocation qu'elle désire suivre. Ne rien minimiser des sacrifices que cette vocation impose et de la générosité qu'elle requiert. Ce sont des âmes d'élites qu'il faut au sein de nos écoles. Le nombre est un mythe s'il ne représente pas des valeurs.

"Choisir, préparer, entrer, et progresser." C'est ce qui détermine les fonctions de l'orientation. Une fois admise à l'école, l'étudiante ne doit pas être abandonnée à ses seules forces. Nous savons qu'une

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Rév. Soeur Louise de Marillac est directrice des études, l'Hôtel-Dieu de Québec.

vie grouillante, difficultueuse, laborieuse bat son plein au sein des murs de l'hôpital école. Dans quelques instants, une étudiante infirmière vous intéressera profondément par un exposé sur les problèmes qui surgissent au cours des trois années d'études.

Il ne faut cependant pas trop s'impressionner si nos jeunes doivent lutter. Il est nécessaire d'exercer l'âme pour ses futures combats, de la dresser virilement afin qu'au jour venu de la bataille—ce soit une lutteuse et non un Eliacin qui descende à l'arène.

Certes, quelques unes ne pourront supporter les ennuis et les difficultés du cours. Si l'orientation a été bien conduite, le nombre des défections s'averera minime. La question de santé sera presque l'unique cause des départs prématurés. Cependant, je ne crois pas qu'il faille tellement regretter l'entrée à l'école d'une jeune fille qui ne peut poursuivre jusqu'au terme. L'expérience acquise, au sein d'une collectivité professionnelle, ne peut que l'enrichir et la préparer à sa future mission, car il ne faut jamais oublier que chaque âme a une mission sur la terre. Et souvent les heures salutaires pour la réalisation des desseins de Dieu sur nous sont les heures qui nous semblent les moins fructueuses au point de vue humain.

L'arène, le terme est-il trop fort pour désigner le vaste champ qui s'ouvre à la graduée d'un jour lorsqu'elle quitte son alma mater et se lance seule au milieu du monde? L'arène, lorsqu'avec les années s'accumulent les difficultés qui surgissent de toutes parts!

Pour aider le conseiller et l'interviewée dans le choix d'une spécialité ou d'une vocation plus particulière, au sein même de la profession d'infirmière, il nous semble opportun de mentionner ici le bulletin des étudiantes. Ce dossier cumulatif reparti sur trois années d'étude et de pratique, redigé par des personnes qualifiées dans les différentes sphères des soins aux malades, doit être il me semble une aide efficace pour déterminer un choix judicieux.

Comment Effectuer la Directive

Au cours des années d'étude, il est du devoir de la directrice des infirmières, et des différentes officières des départements hospitaliers, de permettre à l'étudiante de s'affirmer et de se découvrir à elle-même. C'est pourquoi un bon règlement d'école d'infirmières n'énumère pas une série de prescriptions ou d'interdictions quant à la manière de prier, de se conduire, d'étudier, ou de se récréer. Cette formation encadrée prépare des âmes timorées et facilite la fraude et le mensonge chez les plus hardies, ange de régularité à l'école, et trop souvent champions d'expériences hasardeuses en dehors de la surveillance—éducation tronquée et terriblement dangereuse.

Nous faciliterons donc l'épanouissement de nos futures professionnelles à la lumière des connaissances religieuses et scientifiques largement départies par des personnes éminemment compréhensives. Qu'il se présente des ennuis ou des difficultés, durant les années de formation, on rappelle à l'occasion que dans tout chrétien il y a un martyr possible.

Par une psychologie rationnelle, la directrice et les officières font naître l'occasion qui permet à l'étudiante d'essayer ses forces morales, de connaître ses aptitudes intellectuelles ou manuelles, afin de se révéler.

Il n'est plus question de traiter les jeunes filles de vingt à trente ans comme des couventines de dix ans.

La direction va plus loin—elle prévoit l'avenir. Ce n'est pas pour l'heure présente que nous formons les jeunes—c'est l'avenir que nous envisageons; avec la plus grande impartialité, avec cet esprit catholique et social qui ne recherche en rien l'avantage de son hôpital, quelquefois à court de personnel, ou la gloire de posséder une valeur. Avec cet esprit magnanime qui ne craint pas de se voir dépassé par plus jeune que soi, mais qui fait sienne cette pensée de Pline l'Ancien: "Je suis de ceux qui admirent les anciens, mais je suis aussi d'avis qu'il ne faut pas dédaigner tout le nouveau génial que notre époque nous apporte, car la nature

ne s'épuise jamais et produit constamment des choses nouvelles."

Enfin, avec le véritable esprit du Christ, tout le corps éducationnel rivalise de psychologie pour découvrir, chez l'étudiante, les traits saillants qui la caractérisent.

Orienter et diriger, afin d'aider à mieux servir—voilà l'unique désir de toute éducatrice. Il va sans dire qu'à l'école l'aumônier se met à la disposition du personnel tant au point de vue de la confession que de la direction; cependant, mon expérience personnelle me fait un devoir d'ajouter qu'un conseiller d'orientation s'avère indispensable dans chaque milieu scolaire. A deux reprises, d'abord à titre d'étudiante et plus tard comme témoin, j'ai apprécié hautement la valeur incontestable de cette personne si bien en mesure de comprendre les problèmes psychologiques de l'étudiante et surtout de les résoudre. Notre école depuis quelques mois jouit d'une semblable directive.

Ensemble, si vous le permettez, nous synthétiserons. L'orientation est un processus qui demande une grande compréhension de l'être humain pour savoir, sans le contreindre ni l'obliger, l'aider à choisir sa vocation, à la suivre avec courage, et à y progresser avec générosité.

Institute for Industrial Nurses

For information about an institute on industrial nursing to be held at Queen's University, Kingston, September 12-14, 1949, write to:

Miss Dorothy Riches
Director, School of Nursing
Queen's University,
Kingston, Ont.

Discussions will centre around topics which have been requested by nurses in industry, covering such aspects as the role of the nurse in industrial relations, practical demonstrations, and visits to local industries.

The leading speaker will be Professor J. C. Cameron, M. Com., professor of industrial relations and head of the Department of Industrial Relations, Queen's University.

Accommodation is available for the nurses at Ban Righ Hall.

For hotel accommodation, the LaSalle or British-American Hotels are suggested.

Chemical Compounds and Hormones

At a recent conference on cancer attended by some five hundred clinicians and research workers from the United States, Britain, and Canada, a great deal of attention was devoted to the advances made in the past seven years in the treatment of the disease by chemical compounds and hormones. It was pointed out that, before the war, research experts were sceptical of ever finding any chemical substance which would kill cancer cells without harming the healthy tissues of the body. Since 1941, four chemical compounds and two hormones, taken either by mouth or injection, have been shown to arrest the growth of cancer cells, thus giving patients many additional years of useful and happy life. The opinion was expressed that a study of the way in which these compounds act may give a clue as to the differences between a cancer cell and a normal cell and lead to the development of truly curative compounds.

—*Canadian Cancer Society Newsletter*

Frozen glass joints and frozen syringes are a constant source of petty annoyance and economic loss. Many methods have been described for salvaging such equipment. One of the most recent and highly successful methods is described in *Chemist Analyst* 36:70, 1947. A piece of equipment that had been rigidly frozen and had resisted all efforts to loosen it was quite accidentally allowed to soak overnight in a solution of "Alconox," a commercial wetting agent, and came apart quite easily with a gentle twist. Other glassware was found to respond as well when subjected to "Alconox" and, in many instances, after a period of only a few seconds.

Nursing Profiles

Clara A. (Todd) Van Dusen, who has been acting registrar of the Alberta Association of Registered Nurses since last January, has been confirmed in this responsible appointment. Of Irish descent, Mrs. Van Dusen was born in Griffin, Sask. She moved to the United States when a young girl and received her high school education in Omaha, Neb. Returning to Canada, she entered the school of nursing of the Regina General Hospital where she graduated in 1939. The intervening years have been busy ones for Mrs. Van Dusen. She has had wide experience in general duty, private, and industrial nursing in various parts of Canada. In 1945, she took the course in Mothercraft, Infant Care and Feeding at the Mothercraft Hospital, Toronto. For the past year she has been president of the private duty nurses group in the Doctors' and Nurses' Community Service in Edmonton.

Mrs. Van Dusen is keenly interested in all sports, especially tennis, riding, and skating. She has an interesting indoor hobby which is the collection in scrapbooks of reports of nursing activities. This breadth of interests augurs well for Mrs. Van Dusen's success in her new field.

Housez Studios, Edmonton

CLARA VAN DUSEN

Hilda M. Bartsch is the new superintendent of the Chipman Memorial Hospital, St. Stephen, N.B., succeeding **Reta Follis** who resigned because of ill health. Born and educated in Saint John, Miss Bartsch graduated from the Montreal General Hospital in 1931. After six years on the staff of the Woman's General Hospital in Montreal, she became fourth assistant superintendent and clinical supervisor in the Vancouver General Hospital. She received her certificate in teaching and supervision from the McGill School for Graduate Nurses in 1941 and joined the staff of Alexandra Hospital, Montreal, as instructor. In 1943 she was named superintendent of the Victoria Public Hospital in Fredericton. From there, Miss Bartsch went to the Moncton Tuberculosis Hospital where she was superintendent of nurses which position she has recently relinquished. **Florence Northrup** has been appointed to succeed Miss Bartsch in this post.

Miss Bartsch has always been actively interested in the work of her professional organizations. She is president of the New Brunswick Association of Registered Nurses this year. When time permits she enjoys travelling. Her special pride and joy is her recently-acquired car.

Gladys Josephine Sharpe has been appointed director of nursing and principal of the school for nurses at the Toronto Western Hospital from which she had graduated twenty-four years ago. Born and educated in Toronto, Miss Sharpe served as theory instructor at Western prior to enrolling for the teaching and supervision course at the McGill School for Graduate Nurses in 1927. Upon the completion of her course, she returned to Western as science instructor. In 1935, she was chosen by the Canadian Nurses' Association as recipient of the Florence Nightingale International Foundation scholarship. She proceeded to Bedford College, University of London, where she secured her certificate in administration in schools of nursing the following year.

Miss Sharpe went back to Western and

John Palmer, Toronto

GLADYS SHARPE

John Palmer, Toronto

PEARL STIVER

was assistant principal when she enlisted with the R.C.A.M.C. in 1940. She was matron of Toronto Military Hospital, also the Camp Borden Hospital. She went overseas as liaison officer between the Canadian nurses in South Africa and the government. Serving in this position with distinction, she was awarded the Royal Red Cross. She received her decoration at an investiture by Field Marshal Jan Smuts in Ottawa.

On release from the services Miss Sharpe returned to Western Hospital—first as assistant principal and later as principal. She relinquished this position to pursue further post-graduate work at Teachers College, Columbia University. On receipt of the degree of bachelor of science in 1946, she was appointed the first director of nursing education at McMaster University, Hamilton.

Miss Sharpe is a member of the Kappa Delta Phi. When her duties permit, she enjoys reading and riding.

Myrtle Pearl Stiver has been appointed director of public health nursing with the city of Ottawa Department of Health. Upon graduating in 1932 from Toronto Western Hospital, Miss Stiver took a six-month course in psychiatry and mental hygiene at Toronto Psychiatric Hospital. For the next seven years she engaged in private duty nursing in Toronto. In 1940, she enrolled in the University of Toronto School of Nursing where she qualified in public health nursing.

A year with the Toronto branch of the Victorian Order of Nurses and one with the Toronto Department of Health, then Miss Stiver joined the Department of Health for Ontario in the Division of Venereal Disease Control. Her first posting was as nurse epidemiologist going on successively to be supervisor of nurses, nurse consultant, and finally regional supervisor and consultant in venereal disease nursing. In 1946 Miss Stiver took time out to go to Teachers College, Columbia University, where she completed her work for her bachelor of science, majoring in supervision in public health nursing.

Miss Stiver belongs to the Field Naturalist Club and the University Women's Club. Her hobbies include photography and handicrafts.

Dorothy (Fox) Easter is now lady superintendent of Bruce County General Hospital in Walkerton, Ont. Mrs. Easter graduated from the Toronto General Hospital in 1929 and for ten years engaged in private duty in Toronto. In 1939 she went to West China where, after studying the language, she served as superintendent of the Women's Hospital of West China Union University United Hospitals, Chengtu. Following her return to Canada in 1944, Mrs. Easter was supervisor in the operating-room at St. Paul's Hospital, Hearst, Ont., for two years. Until recently she was in the training school office of the Toronto General Hospital as an administrative supervisor.

S. Agnes Campbell, who has guided the destinies of the Guelph General Hospital as its superintendent and principal of the school for nurses during the past seventeen years, has retired. After graduating from the Toronto General Hospital in 1912, Miss

Keefe, Guelph

S. AGNES CAMPBELL

Campbell remained on the staff there until the outbreak of World War I. Enlisting with the Toronto University unit, No. 4 Canadian General Hospital, she served overseas for over four years. Upon returning to Canada she remained in army service for more than two years at the Tuxedo Military Hospital, Winnipeg.

Reverting to civilian life, Miss Campbell became superintendent of nurses at the Saskatoon City Hospital, remaining there for over six years. A one-year course in hospital administration at the McGill School for Graduate Nurses opened the door to her posting at Guelph in 1932. During these many years, some 250 nurses have graduated under her capable and efficient guidance.

de Jourdan, Lethbridge

JEAN MACKENZIE

Leadership such as Miss Campbell has given in nursing carries with it the assumption of professional responsibilities. As president of the Saskatchewan Registered Nurses' Association, as chairman of Districts 2 and 3 of the Registered Nurses' Association of Ontario, and as a member of the board of directors of the Ontario Hospital Association, Miss Campbell has given long years of faithful service.

Believing that good citizenship demands participation in community activities, Miss Campbell has been a member of the Victoria-Guelph Chapter of the I.O.D.E. and of the Business and Professional Women's Club. For relaxation she turns to reading and motoring. Bridge might be considered one of her indoor recreations but even that has not been extensive. We hope that Miss Campbell will now have time and opportunity to indulge in these pastimes.

Ella Drysdale, R.R.C., retiring matron of Christie St. Hospital, Toronto, was honored before she left for a vacation in France. A graduate of Toronto Western Hospital, Miss Drysdale served overseas during World War I and was awarded the Royal Red Cross for her distinguished service. A presentation gift of bonds was made to Miss Drysdale on the eve of her departure.

Jean MacKenzie has resigned from the school nursing staff in Lethbridge, Alta., after seventeen years of service. Born in Halifax, Miss MacKenzie graduated from the Lawrence General Hospital. After a short period of private nursing she moved to the west where she has since made her home. She served as staff nurse at Galt Hospital, Lethbridge, and later at Pincher Creek. She also engaged in district nursing with the Nursing Mission in Lethbridge and was matron of the Coalhurst Hospital before turning to school nursing. During her very active years in nursing, Miss MacKenzie has kept abreast of the times by frequently attending refresher courses. She was awarded the King George V Jubilee Medal in 1935 in recognition of her work. She has always taken a very active part in nursing activities, having served in various capacities on the executive of Lethbridge District 8 of the A.A.R.N.

Throughout her long and varied career, Miss MacKenzie has found time to enjoy music, art, reading, and gardening.

In Memoriam

Alba Elizabeth Andrew, who graduated from the Winnipeg General Hospital in 1909, died recently in Deer Lodge Hospital, Winnipeg, at the age of sixty-four. During World War I Miss Andrew served overseas with the Canadian Army Medical Corps from 1915 to 1918 and was decorated with the Royal Red Cross for distinguished service. She joined the staff of the Hudson's Bay Company in Winnipeg in 1926 and retired in 1945.

* * *

Emily Dustan, who graduated from the Massachusetts General Hospital in Boston in 1892, died at her home in Halifax in January, 1949, at the age of ninety. During World War I Miss Dustan served overseas with the Queen Alexandra Imperial Military Nursing Service.

* * *

Beth (Morris) Eldridge, who graduated from the Royal Alexandra Hospital, Edmonton, died suddenly in Johannesburg, South Africa, on April 23, 1949. Following graduation Mrs. Eldridge had worked at the Royal Alexandra until 1941, when she volunteered for war service with the second company of Canadian nurses to be sent to South Africa.

* * *

Carrie Fritze, who was the first trained nurse to engage in general practice in Lunenburg, N.S., died on May 3, 1949, at the age of seventy-five. A graduate of the Waverley (Mass.) Hospital, Miss Fritze was for a time on the staff of the Old Ladies Home in Halifax. In 1920 she built and operated the Windemere Cottage Hospital in Lunenburg. There she was well known for her kindness and generosity to the poor.

* * *

Ida (Macdonald) Hill, who graduated from the Royal Victoria Hospital in Montreal in 1898, died in May, 1949, in Winnipeg. For many years Mrs. Hill had been an honorary member of the Manitoba Association of Registered Nurses.

* * *

Lily Margaret Hutcheson, a native of Brockville, Ont., died there after a long illness on April 20, 1949, in her eighty-seventh year. Miss Hutcheson graduated many years ago from the Long Island College Hospital in New York, where she spent most of her nursing years. She returned to Brockville five years ago.

* * *

Jean d'Arc Leblanc, who graduated from the Ottawa General Hospital in 1948, died in Sturgeon Falls, Ont., on April 24, 1949, in her twenty-second year. Miss Leblanc had been ill for ten months.

* * *

Alice Margaret (Lawson) McCullough, who graduated from the Toronto General Hospital, died in Toronto on May 15, 1949. Mrs. McCullough had practised her profession in Toronto for a short time prior to her marriage. She was an active member of the Toronto General Hospital Alumnae Association and keenly interested in nursing.

* * *

Mabel F. Platt, who graduated from the Toronto General Hospital, died there on April 23, 1949. For several years Miss Platt had engaged in private nursing in Toronto, going to Prince Rupert, B.C., about seven years ago.

* * *

Dorothy Margaret Reynolds, who graduated from the Royal Alexandra Hospital, Edmonton, in 1947, was killed in an auto accident on the Banff-Windemere highway on April 17, 1949. Miss Reynolds, who was twenty-three years of age, was on the staff of the Kimberley (B.C.) Hospital at the time of her death.

* * *

Grace (Moyer) Troup, who graduated from St. Michael's Hospital, Toronto, in 1921, died in St. Catharines, Ont., on February 18, 1949, after an illness of six months. Following graduation Mrs. Troup had worked in New York City and Mexico.

* * *

Leah (Marcoux) Wells, who graduated from St. Michael's Hospital, Toronto, in 1919, died at Brantford, Ont., on February 2, 1949.

If you're planning to bleach out that tan or those freckles in order to look your best for the big dance . . . don't! These conditions are brought about by pigment under the skin and there is no safe way of removing them quickly. Given time they will fade out themselves but artificial measures for hastening this process are unwise.

Seventy-Five Years Young

"Where there is no woman, a sick man groans."

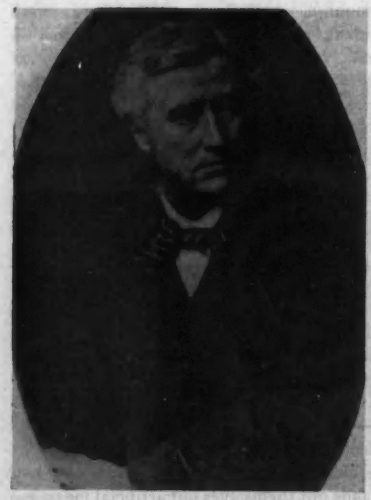
With this maxim in mind, a tall kindly doctor founded a training school for nurses in the muddy canal town of St. Catharines in 1874. The quotation, in Latin, appears at the beginning of the first annual report.

The institution which Dr. Theophilus Mack started, now the Mack Training School for Nurses, celebrated its 75th anniversary in May. Viscount Alexander of Tunis, accompanied by Viscountess Alexander, gave the graduation address and presented diplomas on May 30 to the twenty graduates of 1949. The first graduating class received their diplomas from H.R.H. Princess Louise, wife of the Marquis of Lorne, then Governor General of Canada. Dr. Mack's little nieces, expecting a crown and a shining white satin gown, were quite disappointed when Princess Louise arrived in a modest blue velvet dress and bonnet. Lord and Lady Tweedsmuir made the presentations at the school's 60th anniversary commencement.

Dr. Mack, who went to St. Catharines in 1844, was one of the founders of the General and Marine Hospital. Realizing the need for trained nurses in conjunction with the hospital, Dr. Mack sent a Miss Money to England in 1873 to bring out three trained nurses and several probationers. The nurses' home opened June 10, 1874, just fourteen years after the world's first training school for nurses was established at St. Thomas's Hospital in London, Eng.

In the first annual report of the school, Dr. Mack wrote: "The necessity for such institutions as this must be obvious to all who have either suffered from disease in their own families and persons, or who have had much experience in the care and management of the sick. The vocation of nursing goes hand in hand with that of the physician and surgeon, and are absolutely indispensable one to the other."

One of the English nurses



DR. THEOPHILUS MACK

The Mack Training School was administered from the start by the revolutionary Nightingale system, which insisted that a school for nurses be under the leadership

Early Canadian nurses

Long sleeved floor-length gown

Ann Carline, 1879 graduate

of a woman who was herself a trained nurse.

Rules were strict and numerous and hours were long. Early nurses worked twelve hours a day, with one hour relief, whereas the present system of eight-hour duty with one day off a week allows a more normal life. An old rule forbade nurses to leave the hospital at any time, without first receiving permission and revealing their reason.

The first nurses' home, opened in 1876, was a frame building—a far cry from the present building built in 1925. By 1874, when the school was started, the hospital had accommodation for twenty-five patients. Operations were performed in the lady superintendent's office from which some of the furniture was removed. Today there is a bed capacity for 225 patients.

It is not known at exactly what period Dr. Mack's original plan of a three-year course was changed to a two-year course, but the latter was in operation during the eighties and nineties. The last nurses of the two-year course graduated in 1899.

The first graduating ceremony of which there is any authentic information took place in 1879. Two of the three graduates were Hannah Dalby and Ann Carline. Hannah Dalby had the honor of starting the first training school in Peterborough, Ont. Ann Carline was asked to do the same at the Toronto General Hospital but was unable to do so because of a bout of typhoid fever.

One of the most outstanding early graduates was Mary Eugénie Hibbard who graduated in 1886 and was lady superintendent for two years, after which she started the school of nursing in Grace Hospital, Detroit. When the hospital ship *Maine* was sent to South Africa at the time of the Boer War, Miss Hibbard was in charge of the nurses. She wrote an article on her experiences which was published in the first issue of the *American Journal of Nursing*. Miss Hibbard died in 1946.

To Margaret Hughes, who graduated in 1896, goes the credit for organizing the Mack Training School Alumnae Association in 1901. Her classmate, Mrs. James Parnell, gave many years of brilliant leadership in the association beginning in 1905. The attractive medal for general proficiency, which is the alumnae's annual gift to the most deserving student in the graduating

M. Eugénie Hibbard

E. Bell Rogers

class, was commenced in 1925. The annual banquet to the class at graduation time was introduced at the same time.

This year's functions covered a four-day celebration of enjoyable events. On May 27, there was the alumnae dinner and dance, attended by some three hundred persons. More than twice that number were at the garden party the association sponsored on the hospital grounds on May 28. A special church service was held on Sunday morning at lovely old St. George's Church where Mack Training School nurses used to attend in a body when the school was first founded. In the afternoon a tea was held at the lake-side home of a former graduate.

Monday was the graduation ceremony preceded by a Board of Governors' dinner for Their Excellencies. At the presentation of diplomas and pins, the graduating nurses acquitted themselves with great self-possession. It is not the easiest thing in the world to curtsy on the platform before a thousand or more people! The new graduates have a great heritage behind them. Because they have been trained in the new world's oldest school of nursing, they felt a little extra thrill when they recited the pledge of the great woman who sent to St. Catharines the school's first students:

"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practise my profession faithfully."

The school was very fortunate this year in obtaining as its director of nursing Miss E. Bell Rogers, a graduate of the Royal Victoria Hospital in Montreal. Miss Rogers' wide and varied experience includes positions as director of nursing at St. John's General Hospital, Newfoundland, and registrar of the Alberta Association of Registered Nurses. Miss Rogers succeeded Miss Anne Wright, superintendent since 1927, who guided the school skilfully through some of its most difficult years.

A Golden Jubilee Celebration

For those of us fortunate enough to be present at the fiftieth anniversary and reunion of the Vancouver General Hospital School of Nursing, May 17, 18 and 19, are now recorded in our alumnae history as days rich in memories and in the happiness of renewed friendships. For those who were unable to attend, perhaps the following review of activities may give you some small share and pleasure in the reunion celebrations.

Registration in the Queen Ann Lounge of the Hotel Georgia raised the curtain on anniversary festivities. As a total of 769 graduates filed up the curved staircase to the lounge, they were greeted by Agnes Maitland and Cora Tretheway, and their efficient committee issued *boutonnières* and name-plates. When one considers the changes that can be wrought by Father Time in five, ten, twenty, and so to fifty years, these last proved to be a wonderful aid to our members and their memories.

Following and during the registration, coffee was served under a committee headed by Mrs. D. S. Monroe and Mrs. Carl Johnson.

As some one aptly remarked, "In spite of heat, noise, and confusion—the coffee party was wonderful."

Directly after the coffee party, arrangements were made to take some graduates on a boating trip. We were indebted for this pleasure to the work of Beverley Wilson and Doreen Denby who secured two yachts and a sailing ship. As an alternative, Mrs. Appleby, our transportation convener, very ably arranged a motor trip around the city and its attractive environs.

One of the feature attractions of the reunion was, of course, graduation. That evening found us arriving at the University of British Columbia to attend the graduation exercises of the class of 1949. The alumnae members were guests of the Board of Directors and, through the graciousness of Elinor Palliser, the director of the School of Nursing, were asked to take part in the Florence Nightingale Pledge. Hence nearly a thousand graduates rose to renew their pledge in unison with the 103 new members of this chosen profession.

With the co-operation of dozens of people, and under the direction and guidance of Mrs. Holloway, Mrs. Bakkan, Mrs. Nesbitt and Beth McCann, the University Armouries, for this occasion, was transformed from a bare, austere building to a flower-garlanded hall. The University Nurses' Club assisted the students in ushering while the ever-faithful Jarvis was one of the Commissionaires. From reports there was a crowd of at least three thousand in attendance.

Miss Palliser's report, in which she outlined the history of the hospital, was much enjoyed while the alumnae were especially pleased that, for the first time, one of our own members—Margaret Kerr—was chosen to give the address to the graduating class. Her subject, "Pioneering, 1949," showed us that nursing still has a road ahead to be paved by the contributions of each of us.

The "Bedside Nursing" prize of a sterling silver dresser set was chosen by Miss Shore and presented by Emily Nelson, the alumnae president. Mrs. Schultz, of the class of 1903, represented our earliest graduates and shook hands with each new graduate as she presented her with her pin.

The second day, the afternoon was spent in an organized tour of the hospital directed

Vancouver Sun photo

When one hundred and three nurses graduate.

Mrs. Schultz ('03) and Beverley Jaffares ('49)

by Mrs. Lovely. To return to familiar places is always a pleasure—to return to familiar places and to see outstanding and progressive changes and achievements is a pleasure and a satisfaction. The four hundred graduates, who participated in the tour, were both pleased and satisfied that the Vancouver General Hospital, with its School of Nursing, has maintained its high standards and its high place in community service. The very welcome tea which followed was most thoughtfully provided by the Board of Directors.

That evening found us gathered *en masse* again as 876 graduates sat down to dinner at the Commodore, the 1949 class being the guests of honor. The members were seated by classes with each table differently decorated, vying for the prizes given. Alice Wright proposed the toast to the graduating class. The opportunity was taken at this time to present Miss Palliser with a small token in appreciation of all her co-operation in making this reunion so successful. The gift took the form of a hammered pewter cigarette box with the School of Nursing crest. To Trenna Hunter and Beth McCann and their committee go a special vote of thanks for the fine arrangements for this very large function.

ANNE S. CAVERS

Finally our curtain goes up on the third and last day of this celebration. The individual class festivities were held at various hours and in various places. From accounts they were all highly successful. These took the form of luncheons, teas, coffee and cocktail parties. Each one doubtless highlighted the three important years of training to the participants.

In the evening, the Commodore was once again on the program, this time for the final party and dance, or bridge if one preferred. Convened by Mrs. Fahrni and assisted by Mrs. Freeman and Mrs. Carruthers, it was thoroughly enjoyed by all who attended.

However, before the curtain rings down upon this Golden Jubilee Celebration, no report would be complete without a mention of the Anniversary Booklet—"Our School of Nursing" by Anne Cavers and the Education Committee. In this has been recorded for ourselves, for those interested, and for posterity, the first fifty years of growth and progress of the School of Nursing.

Thus passed three memorable days for Vancouver General Hospital graduates. It seems fitting here to voice the thoughts of all present and to pay a special tribute of praise to Mrs. Gordon B. Wyness, the convener, Mrs. M. W. Bakkan, her assistant and past alumnae president, and to Emily Nelson, present alumnae president, and her executive. From those of us who enjoyed the many functions, and who were thus able to mingle enriched old memories with the new, thank you. To those who could not be with us at the Golden Jubilee, the Diamond Jubilee is closer than you think.

—HELEN CONDIE

When the weather is warm, people who have worked hard all day frequently feel that by the end of the day they are too hot and tired to do anything more active than reading a book. But a long walk in the cool of the evening is often a good way to soothe jangled nerves and relax cramped muscles. Anyone who has been cooped up all day needs some form of activity to keep fit.

Trends in Nursing

Average reading time—10 min.

World Health Organization

Before this appears, the second World Health Assembly representing seventy nations will have met in Rome and will have studied a document, the first of its kind in history. This document, according to WHO Newsletter, April, 1949, contains a "detailed review of the world's most urgent health problems."

An important feature is a new approach to the health problems of underdeveloped and undeveloped regions of the world by setting up Health Demonstration Areas through which "more than one major disease problem can be tackled simultaneously with long-term campaigns to promote positive health by introducing modern techniques of maternal and child welfare, occupational hygiene, environmental hygiene, and other measures."

Close co-operation with existing local health services and fellowships to medical and health workers from neighbouring areas are a feature of the program.

To assist in eradication of cholera, WHO will send teams to endemic areas in India and Pakistan and also begin work against typhus in North Africa. Plague, too, is to be attacked by other teams.

Finally the program calls for further development of health education of the public, training of doctors and nurses, stimulating and improving public health administration and, in co-operation with the Food and Agricultural Organization, raising levels of nutrition.

An invitation was extended to the International Council of Nurses to attend this meeting as one of the international organizations in official relationship with WHO.

The Nursing Team

A helpful article on how the use of volunteers in wartime paved the way for the nursing auxiliary, male and female, in Hartford Hospital and how the experiment developed and expanded, is to be found in the *American Journal of Nursing*, May, 1949, under the title "The First Seven Years Are the Hardest." The need to teach auxiliaries led the nurses to realize that they must have a "secure grasp of fundamental meanings and values in nursing." Additional interest was stimulated by the addition of two public health nurses to the staff. The acceptance of health teaching in nursing made it necessary to accept the patient as the central figure in the picture. This led to an attempt to formulate a good definition of nursing and, later, to a re-evaluation of nursing assignments. Finally, came the acceptance of the need to plan how to share with other members of the team the duties involved in the care of a patient. The following fundamental principle was formulated and accepted:

That the nurse in charge of the nursing care of a patient must be responsible for the use of sufficient consultative help whenever it is needed, and for not attempting to carry out procedures for which she is not prepared or for asking others in the group to attempt procedures for which they are not adequately trained.

After further experimentation, a group of head nurses and staff nurses attended a workshop on "Planning Nursing Care on the Head Nurse Unit." This program is still in the experimental stage. It has been a process of slow growth developed on the democratic principle and has every prospect of success. The writer concludes:

After all, is it not, in essence, the democratic ideal of the dignity and worth of the individual as a member of this group, applied to the nursing care of patients? We think it cannot fail.

Who Sets the Pace?

"Democratic Beliefs and Practices in Schools of Nursing," by Helen Nahm, R.N., Ph.D., describes the extent to which students accept the pattern created by the school of nursing. A special autocratic-democratic test was devised and used. The results of the test showed that a high proportion of students had a traditional or authoritarian concept of the function of the educator and of the role of the individual in the educational process. A high proportion of the students was likewise lacking in a sense of social responsibility. In both instances, the proportion of students subscribing to the traditional concept was low in the degree group—i.e., in the schools where the faculty tended to reject the authoritarian concept—and correspondingly high in the other schools which tended to subscribe to the old or authoritarian pattern.

In the concluding paragraph, Miss Nahm describes the function of the democratic administrator and the basis on which she selects graduate staff. She states:

> The democratic administrator takes the lead in developing an educational program in which primary emphasis is placed upon the preparation of the student for future professional service, rather than upon meeting immediate needs of the hospital with which the school is associated . . . Professional schools . . . must realize that they cannot escape the responsibility of defining their aims in terms of the needs of the democratic society of which they are a part, and of providing the conditions through which all of their members come to accept the beliefs and the practices essential to the realization of those aims.—*Trained Nurse and Hospital Review*, April, 1949.

Nurses' Bill

The report of the debate on the Nurses' Bill in *Nursing Times* of May 14, 1949, makes interesting reading. The status of standing of nurse-training committees is clarified and those familiar problems—nurse wastage and chronic shortage—are touched upon.

The government's favorable reaction to the view stated by the working party, regarding the tendency to subordinate nurse training to the staffing needs of hospitals and the consequent need for separate and distinct budgets for administration and training as a preventive measure, is outlined. This was stated by Lord Moran to be the "crux of the Bill."

Almost equal importance is given to the plan for raising the standard of efficiency of the smaller hospitals. The Bill suggests giving authority to the General Council for experimental training schemes, that the new Council determine the functions of the nurse and make it possible for her to perform her functions, and that at least half the elected representatives to the Council be not above the rank of departmental sister. The Bill received second reading.

Adult Education

The meeting of the Joint Planning Commission, Canadian Association for Adult Education, was held in Montreal on May 6 and 7, 1949. One of the topics that aroused interest was the wealth of informative material in pamphlet form accessible to the Canadian people at very low cost and its apparent lack of selling value. How to reach the people or how to create a demand for the information available on citizenship, health, education, science, etc., seemed to constitute a problem.

Dr. Coady, president, C.A.A.E., seemed to think that it was not so much a question of the format of the booklet, the failure to appeal to interest, or that books and papers were written on too high or too low an intellectual level, although these were all faults to be remedied, but that the great majority of people were so concerned with the effort to provide the absolute necessities of life that they had not the energy to pursue knowledge. His message was that the world was in disequilibrium; that the minority is too powerful both

financially and politically; that we must seek to establish equilibrium of wealth, power, and learning; and that when people have leisure to read and money to satisfy their need, they will clamor for knowledge. He feels that it is the privilege of the man of intellect to share his gifts, to set the pattern, to let light in to the "little people." Dr. Coady used examples from the Morell experiment in Prince Edward Island, where men of education returned to their own community and by co-operative effort built a thriving community, owned and operated by the people of that community, on the ashes of a dying town.

He brought the meeting to a close by reminding the members that the objective of our work is not more and better pamphlets, films, and broadcasts but better people and reconstructed communities.

Dr. J. S. Cram stated: "The Achilles' heel of adult education is that it's mostly head." He then elaborated on how to reach people on the various planes of intellectual level, through bringing news about people and events to them through their local papers.

Dr. Herbert C. Hunsaker, Western Reserve University, Cleveland, during the meeting of the group on Adult Education Services held during the second National Conference of the U.S.N. Commission for UNESCO, March 30-April 2, says: "Attitudes are changed not by teaching of other attitudes but by working on specific problems significant to the local community." If you are interested in following through on ideas expressed in these two quotations or in encouraging people to use books, read "Food for Thought," published by the Canadian Association for Adult Education, 300 Jarvis St., Toronto 2 (May, 1949, issue).

Maternal Welfare

This fall, the University of Alberta is again offering a four-month course in advanced obstetrics. This planned program is intended primarily to meet the needs of public health nurses serving in areas remote from medical service but should also have an appeal for those who are interested in improving the quality of care extended to the mothers of our children.

Outline of the course: The course is divided into two blocks of ten weeks and six weeks respectively. The first ten weeks are spent at the University of Alberta as follows:

(a) Principles of obstetrics—20 hours of lectures by J. R. Vant, M.D., professor of obstetrics and gynecology. (b) The newborn —3 hours of lectures by D. B. Leitch, M.D., professor of pediatrics. (c) Manikin practice —12 hours by M. Hutton, M.D. (d) The care of maternity patients, ante-, intra-, and postpartum—100 hours of lectures, seminars, and practical instruction, including demonstration of home delivery set-up by B. Eben, B.A., R.N., C.M.B. (e) Approximately three days a week are spent in antepartum and postpartum clinics, in the case rooms, and on the wards of the University of Alberta Hospital, the Edmonton General and Royal Alexandra hospitals. There the students observe deliveries, receive instruction and practice in antepartum and rectal examination, history-taking, urinalysis, taking blood pressure, puerperal care postpartum examination.

An examination is written at the end of this period.

The last six weeks are spent in selected hospitals in the province in observation of all aspects of obstetric care and experience in the delivery of normal cases.

A certificate is given upon completion of the course.

Public health nursing service in a community increases and protects the well-being of its members. It is concerned with all matters pertaining to maternal, child and adult health. In her daily contact with families, the public health nurse is able to promote healthier home environment and to offer protection against preventable diseases through immunization. She supplies information to teachers and parents which helps them to meet the needs of the individual child. She assists in conducting the local program for the control of tuberculosis, venereal disease, and other communicable diseases.

Orientation et Tendances en Nursing

L'Organisation Mondiale de Santé

Lorsque vous lirez ces mots, l'O.M.S. aura eu sa deuxième réunion à Rome. L'on y aura fait l'étude d'un document unique dans l'histoire. En effet, pour la première fois, on y aura présenté un mémoire détaillé sur les problèmes les plus urgents en matière d'hygiène du monde entier.

Les régions du monde où les conditions d'hygiène sont peu développées seront l'objet d'une attention spéciale. On y établira des zones de démonstration en hygiène et par ce moyen l'O.M.S. veut "engager une lutte contre les maladies particulières à ces régions, y introduire en même temps une campagne d'hygiène de longue durée, y enseigner les techniques modernes en hygiène maternelle, infantile, en hygiène sanitaire, etc."

Pour réaliser ce programme, on compte sur la co-opération des services de santé déjà établis dans les pays avoisinant ces zones, et sur leur personnel. Des bourses seront données aux médecins et aux hygiénistes à cet effet.

Pour aider à enrayer le choléra, l'O.M.S se propose d'envoyer des équipes aux Indes où cette maladie est endémique. On fera la même chose en Afrique du Nord dans le but de combattre le typhus. La peste sera aussi combattue par d'autres équipes. A la fin du programme, on demande de développer l'enseignement de l'hygiène, de faire l'éducation du publique, de former des médecins, des infirmières, de stimuler et d'améliorer les départements administratifs en hygiène publique et, avec la co-opération de l'organisation de l'agriculture et de l'alimentation, l'on se propose d'améliorer la nutrition.

Une invitation fut adressée au Conseil International des Infirmières à prendre part à ce congrès à titre d'organisation internationale officielle en rapport avec l'O.M.S.

Une Equipe au Soin du Malade

Durant la guerre, les services rendus par les auxiliaires, hommes et femmes, à l'Hôpital de Hartford ont été une expérience concluante. Dans un article intitulé "La Première Décade est la Plus Difficile" (*American Journal of Nursing*—mai 1949, p. 276) on donne l'histoire du développement de ce service.

Les infirmières ont réalisé, ayant à enseigner à ces auxiliaires, qu'elles devraient comprendre mieux les principes à la base du nursing et être plus au courant de la valeur des soins donnés aux malades. L'intérêt a été stimulé lorsqu'on a adjoint au personnel deux infirmières hygiénistes. Une nouvelle tâche de l'infirmière—l'enseignement de l'hygiène au malade—était reconnue et acceptée. Le malade et non la maladie attirait l'attention de tous.

Tous ces changements d'attitude envers le malade a donné comme résultats une meilleure définition du nursing, et a conduit à une évaluation des tâches en nursing et en une meilleure distribution de ces tâches et, à la fin, on en est venu à la conclusion qu'il fallait partager ces tâches avec d'autres personnes qui formeraient une équipe du soin du malade.

Le principe suivant fut accepté: Que l'infirmière prenant soin d'un malade doit se renseigner auprès de personnes nommées à cette fin par l'hôpital lorsqu'elle a besoin d'aide. L'infirmière ne doit pas essayer de faire un traitement ou de donner des soins pour lesquels elle n'a pas été préparée. L'infirmière ne doit pas demander aux autres de faire des traitements ou de donner des soins pour lesquels ils ou elles n'ont pas été préparés.

Un cercle d'étude s'occupe de préparer un plan pour "l'équipe au soin des malades" dont l'hospitalière est le chef.

Qui Bat la Mesure?

"Convictions et Ligne de Conduite Démocratique dans les Ecoles d'Infirmières," par Helen Nahm, R.N., Ph.D., décrit jusqu'à quel points les étudiantes reflètent le modèle tracé par l'école d'infirmière. Un test fut préparé et fait dans deux groupes d'écoles. Dans le premier groupe, les écoles étaient dirigées d'une manière autocrate selon l'ancien principe de l'autorité du maître. Un grand nombre de ces élèves montrèrent qu'elles n'avaient pas d'autres idées au point de vue éducation, que celle toute traditionnelle de l'éducation représentant l'autorité et de celle des élèves soumises à cette autorité. Un grand nombre de ces élèves ne concevaient pas toutes les responsabilités envers la société.

Dans le deuxième groupe, les directives

des écoles essayent de rejeter l'idée traditionnelle de l'autorité par une direction plus démocratique. Le test a prouvé que les élèves avaient adoptés la même façon de voir. Ce qui prouve bien que les élèves infirmières sont encore cette cire molle sur laquelle l'éducation peut graver ses idées.

Un administrateur démocrate prend la directive du programme de l'éducation et il appuie sur la préparation que doit recevoir l'étudiante, afin qu'elle soit en mesure, une fois diplômée, de donner tous les services que l'on attendra d'elle, au lieu de les préparer à répondre aux besoins actuels de l'hôpital attaché à l'école.

En traçant les buts d'une école d'infirmière on doit tenir compte des besoins de la société dont l'école fait partie, afin que chacun des membres de la société contribue à la réalisation de ces buts.—(*Trained Nurse and Hospital Review*—avril 1949, p. 158).

La Loi des Infirmières en Grande-Bretagne

Nous lisons dans le *Nursing Times* du 14 mai, 1949 (p. 384) le rapport du débat sur cette loi. Le statut des comités de l'éducation de l'infirmière a été bien établi. On a touché à tous les problèmes actuels—tel que la mauvaise utilisation du personnel, la pénurie d'infirmières, etc.

Le comité chargé d'une étude préliminaire sur la situation des infirmières a souligné au gouvernement la tendance qu'ont les hôpitaux de soubordonner l'éducation de l'infirmière aux besoins de l'hôpital. La réaction du gouvernement a été des plus favorable et a recommandé un budget distinct pour l'hôpital et pour l'école.

On a attaché une grande importance aux petits hôpitaux sur les moyens à prendre pour élever leur standard et augmenter leur rendement.

La loi suggère de donner l'autorité nécessaire à l'Association des Infirmières (General Council) afin de faire certaines expériences; afin que le conseil détermine les attributions de l'infirmière et comment elle peut remplir ces fonctions.

L'Education des Adultes

Une assemblée de l'Association pour l'Education des Adultes fut tenue à Montréal le 6-7 mai. Vous auriez été étonnée de voir le grand nombre de brochures offertes au public par cette association à des prix plus que modiques. Les sujets traités sont le civisme, la santé, l'éducation, les sciences, etc. La question à l'étude était de savoir pourquoi le public ne s'intéressait pas davantage à toutes ces questions. Pourquoi le peuple était-il si apathique lorsqu'il s'agit de s'instruire? Le Dr. Coady, président, croit que les brochures sont bien préparées et que leur contenu est d'une excellente valeur à la portée de tous. La cause de l'apathie du public vient du fait que chacun est si occupé à se procurer ce qui lui est nécessaire pour vivre qu'il ne peut faire d'efforts pour s'instruire.

Le monde, dit-il, est dans un état de déséquilibre; une minorité a le contrôle de la politique et de la finance. Nous désirons essayer d'établir une meilleure répartition de la fortune, du pouvoir, et de l'enseignement. Lorsque les gens auront des loisirs lorsqu'ils auront l'argent nécessaire pour leurs besoins, ils demanderont à grands cris à s'instruire davantage. C'est le propre de l'homme intelligent, dit toujours le Dr. Coady, de partager les dons qu'il a reçus, de donner l'exemple, d'éclairer les gens moins favorisés que lui. Il cite à l'appui l'expérience faite dans l'Isle du Prince Edouard où des hommes instruits sont retournés dans leur village et ont réussi, par les efforts et la co-opération de tous, à faire revivre une ville, moitié maintenant les mêmes habitants, grâce à l'effort de leurs citoyens instruits, dirigent la ville et en sont les propriétaires.

Le Dr. J. S. Cram fit remarquer qu'en matière d'éducation le point faible de bien des gens était la tête. On peut atteindre les gens, dont le niveau intellectuel est différent, par les journaux locaux en leur donnant des nouvelles sur les gens et sur les événements susceptibles de les intéresser.

Le Dr. Herbert C. Hunsaker, de Western Reserve University, Cleveland, fit remarquer lors d'une conférence de l'UNESCO: "On ne change pas la manière de penser des gens en leur enseignant à penser différemment, mais en travaillant à la solution des problèmes qui sont importants pour ces gens."

Nous conseillons à nos lecteurs intéressés dans ces questions de lire le livre "Food for Thought," publié par l'Association pour l'Education des Adultes, 300 rue Jarvis, Toronto 2.

Hygiène Maternelle

L'Université d'Alberta donnera à l'au-

tomne un cours de quatre mois en obstétrique. Ce cours a été préparé premièrement à l'intention des infirmières hygiénistes, faisant du service dans les endroit éloignés des centres médicaux, mais il est de nature à intéresser les personnes désirant améliorer les soins donnés aux mères et aux enfants.

Voici le programme du cours: Le cours se divise en deux périodes—l'une de dix semaines, l'autre de six. Durant les premières dix semaines les cours suivants sont donnés à l'université: (a) Principes de l'obstétrique, 20 heures par le Dr. J. R. Vant, professeur d'obstétrique et de gynécologie; (b) le nouveau-né, 3 heures, par le Dr. D. B. Leitch,. professeur de pédiatrie; (c) la pratique des mannequins, 12 heures, par le Dr. M. Hutton; (d) le soin de la mère: période ante-, intre-, et post-partum, 100 heures de conférences, discussion, démonstrations à domicile, etc., par B. Eben, B.A., infirmière, sage-femme (Angleterre); (e) durant trois jours par semaine les élèves assistent à des cliniques pré-natales et post-natales dans les salles de l'hôpital de l'Université d'Alberta, à l'Edmonton General Hospital, et à Royal Alexandra Hospital. Ces élèves voient des accouchements, font des examens avant l'accouchement, des touchers rectaux, l'histoire de cas, l'analyse d'urine, prennent la pression artérielle, donnent les soins, et font l'examen après l'accouchement.

Les élèves passent un examen final à la fin du cours qui leur donne droit à un certificat. Les élèves passent les dernières six semaines du cours dans des hôpitaux de la province, choisis à cette fin où elles observent les soins donnés en obstétrique.

Annual Meeting in Alberta

The thirty-first annual meeting of the Alberta Association of Registered Nurses was held in Calgary at the Palliser Hotel, April 29-30, 1949, with a registration of 140. The appointment of Mrs. Clara Van Dusen as registrar of the association was confirmed.

Commercial advertising displays were introduced for the first time at our convention. These proved to be interesting and a source of revenue.

Active membership as at April 15, 1949, was reported to be 1,756. Following the revisions of the By-laws in 1948, with regard to the two new types of non-practising membership—associate and inactive—2,782 letters were sent out to all non-practising

Photo by Lorne Burkell

Back row: F. FERGUSON, H. PENHALE, MRS. C. VAN DUSEN.
Front row: B. EMERSON, J.CLARK, REV. SR. ANNUNCIATA.

nurses in the province. As of April 15, 1949, the returns show an associate membership of 766; inactive, 608.

Approval was given to the plan to increase the C.N.A. affiliation fee by a token grant of 25 cents per active member for 1949 and 1950.

As there had been a sharp decrease in the total number of subscribers to *The Canadian Nurse*, an all-out campaign at the convention met with gratifying results. It was decided to have two representatives in the province, as it is most difficult for one person to contact all the outlying districts.

As Nurse Placement Service was taken over by National Employment Service on November 1, 1948, the A.A.R.N. Council is to act as an advisory committee to Nurse Placement Service. The number of certified nursing aides, who have completed their course since 1946, to date is 246. Thirteen hospitals are assisting in the training of this group.

An institute on ward administration and management was held at the University of Alberta, March 29-31, 1949, with Mrs. M. Tschudin, R.N., M.S., assistant dean, School of Nursing, University of Washington, as the guest speaker. An institute on child care and development was held at St. Joseph's College, Edmonton, April 20 and 21, 1949.

Private duty committees reported that the financing of the registries was their major problem. Ways and means of raising additional money throughout the year were discussed. Members of these committees have been very active and various projects have been undertaken. The Doctors' and Nurses' Community Service in Edmonton sponsored a fur coat contest, realizing $1,857. The Community Nursing Bureau, Calgary, compiled an Alberta Registered Nurses' Directory and Manual, with a profit of $1,000. Lethbridge Private Duty Registry nurses undertook various projects to raise funds and a successful appeal was made to the Community Chest. Medicine Hat private duty nurses raised money for a social service fund; part of this was set aside to build a tennis court for student nurses. Registry fees for private duty nurses have been raised to $25 annually and tariffs are now $7.00 per 8-hour day, as of October 25, 1948.

Parcels have been sent by A.A.R.N. districts, private duty nurses, and alumnae associations to British nurses. Chapter formation was discussed and it is hoped that before too long chapters will be organized in the outlying districts.

Eight members planned to attend the I.C.N. in Stockholm. Thirty dollars was donated to the Swedish Relief Fund in aid of European nurses.

The nurse shortage remains most acute with little relief in sight.

Dr. H. Robinson, Banff, spoke on "Chronic Arthritis." This was followed by a paper given by Miss E. K. Connor on "The Patient as an Individual." A paper on "Occupational Therapy" was presented by Miss M. Stocker, Central Alberta Sanatorium, with an interesting display.

We are happy to report that Miss J. Clark, member of the Health Survey Committee, Department of Public Health, has accepted the presidency of the A.A.R.N., succeeding Miss Blanche Emerson. In her retiring address, Miss Emerson expressed thanks and appreciation for the privilege of being president and having the opportunity of attending the Sackville and Atlantic City conventions.

CLARA VAN DUSEN
Registrar

Annual Meeting in British Columbia

The thirty-seventh annual meeting was preceded by a day of educational program, under the general topic "What's New in Nursing?" The morning session commenced with a panel presentation during which various findings and recommendations in recent studies on nursing were reviewed and commented on in respect to their application to the nursing situation in British Columbia. This was followed by three demonstrations depicting "the health team in action"—(1) a service conference conducted by a head nurse in which the day's work was outlined for the nursing personnel (registered nurses, student nurses, practical nurses, and student practical nurses) and the nursing care of a newly admitted arthritic patient reviewed; (2) a teaching conference

for student nurses on arthritis; and (3) a discharge conference in which the doctor, social worker, physiotherapist, public health and hospital nurses discussed the post-hospital care of the arthritic patient. Many non-nurse guests were invited to this session and made excellent contributions to the discussion.

The afternoon's topics of "Congenital Cardio-Vascular Defects" and "Modern Anesthesiology" were presented jointly by doctors and nurses and illustrated by films and slides. For each session the auditorium was filled beyond seating capacity and the nurses, doctors, and others who contributed to a very excellent program were rewarded by the enthusiastic reception from the audience.

The annual meeting was held in the Mayfair Room of Hotel Vancouver. The total registration was 265, including 23 student nurses. With one exception, all chapters were represented. Throughout the meeting there was continuous evidence of increased understanding on the part of the general membership of the responsibilities, problems, and accomplishments of the association. Discussion was excellent.

The commercial exhibits proved of considerable interest. The revenue from exhibits, advertising, and registration fee covered the general expenses of the meeting, including the printing of the folio.

Following the invocation, and the address of welcome by His Worship, Mayor Thompson of Vancouver, various reports were given. Miss Mallory's presidential address will long be remembered by all who heard it; it gives a masterly review of the events of the past year and, after outlining various problems, suggests some long-range objectives and certain steps that should be taken immediately.

A broad review of the work of the provincial association was contained in the reports of the committees, the registrar, and the director of Placement Service. These may be summarized as follows:

Hospital insurance: It was pointed out that it is highly probable that the introduction of compulsory hospital insurance will influence both nursing education and nursing practice. It was, therefore, considered important that nursing be represented on the Hospital Advisory Council of the Hospital Insurance Service. Official representation was requested and granted. The association is now in a position to interpret the thinking of nurses on matters concerned with both education and practice.

Federal Health Grants: A request for representation on the Survey Committee, Federal Health Grants, was approved. This is of equal importance to similar representation in respect to Hospital Insurance. One project submitted concerned the proposed central school; it was pointed out that the major initial expense would be in connection with providing and equipping a nursing arts laboratory. Subsequently, the University submitted a request for a grant to purchase essential equipment. Seven thousand dollars of Federal Health Grants funds was allocated for this purpose.

Administration of intravenous treatments by nurses: As a direct outcome of information secured by questionnaire and a conference with the Council of the College of Physicians and Surgeons for British Columbia, a committee composed of doctors and nurses is now working on plans for a course in intravenous therapy which will be available to selected registered nurses.

Registration statistics: The number of currently registered nurses in 1948 was 4,329, an increase of 138 over the previous year. Six hundred and four nurses were granted registration, including 288 from our own schools of nursing. The breakdown of reciprocal registration is:

Prince Edward Island	0
Nova Scotia	6
New Brunswick	3
Quebec	21
Ontario	70
Manitoba	73
Saskatchewan	64
Alberta	53
England	12
Scotland	2
U.S.A.	6
New Zealand	2
Hong Kong	1
India	1
Fiji	1
Denmark	1

The testing program: At our 1948 annual meeting, the association approved a testing program designed to assist nurses whose qualifications do not meet British Columbia's minimum requirements for registration. It is a three-point program,

providing general education tests for those nurses who graduated after 1935 and who have less than high school graduation standing, undergraduate courses for those who did not have student experience in all required clinical services, and a comprehensive test in nursing for those whose records indicate hours of instruction less than our required minimum.

Eighteen nurses have qualified by testing (three since the annual meeting). To date, the nursing test has presented no difficulty, as all who wrote it have been successful. The stumbling-block in the educational tests has been the paper on materia medica problems which, since the first testing, has been used to evaluate mathematical ability and safe nursing practice in this respect. Similar difficulty has been encountered in the provincial registration examinations.

Placement service report: The number of listed vacancies has declined. The April figure was 250, as compared to 360 the previous April. There was a slight drop in the total calls received in the Vancouver and Victoria private duty directories. "The raising of the private duty fee from $6.50 to $8.00 has not changed the private duty picture very much. There was some reduction in the demand for private duty nurses, but this general trend was noticed before June 1, 1948, when the fees were raised . . . Perhaps the most noticeable change in calls for private duty nurses is for those cases requiring marked technical skill. New techniques and procedures have been developed in surgery and with them has come the need for nursing on a very technical level. Only those nurses who are prepared to learn new techniques and the principles involved can expect to provide the quality of nursing service which is so essential to the recovery of the patient."

Labor relations: A Fact Sheet on the Labor Relations Program of the R.N.A.B.C. was submitted and approved. It will be printed and distributed to members in the fall. The revision of the R.N.A.B.C. Recommendations on Personnel Practices changed recommended *minimum* salaries as follows:

Registered general staff nurse (first level positions in all fields where special preparation is not required).....$175 per month
Registered head nurse....$185 per month
Registered junior instructor and public health nurse.....$195 per month
Registered senior instructor and supervisor.....$205 per month
Non-registered nurse (not currently registered in B.C.).....$165 per month

Provision was made for salary adjustments corresponding to rise or decline in the official cost of living index.

The two social events were most enjoyable. On Thursday evening, members attending the convention were guests of the alumnae association of St. Paul's Hospital School of Nursing at a reception in the nurses' residence. The students presented an amusing skit for which the script, including the words of songs set to popular tunes, was written by Miss Catherine Bohnen, president of the students' Dramatic Club. The luncheon on Saturday, in the banquet room of the hotel, was well attended. The guest speaker, Dr. A. R. Lord, LL.D., spoke on "UNESCO" and his experience while attending a UNESCO conference as a Canadian delegate.

ALICE L. WRIGHT
Executive Secretary, R.N.A.B.C.

Annual Meeting in Ontario

Ontario nurses met this year in Ottawa. The various sessions were held at the Chateau Laurier, April 18-20, and were attended by nurses from all parts of the province. Four hundred and twenty registered for all sessions and there were 176 paid single session admissions. Registrants included forty-eight student nurses, two visitors from Norway and one from New Guinea. The editor of *The Canadian Nurse* was a welcome part-time guest.

The president, Miss Nettie D. Fidler, presided at the general business sessions. In her address to the meeting the president spoke briefly of the three most urgent problems confronting the association: finance, public relations, and legislation. The budget and graphs in the treasurer's report illustrated the need for increased income. The president stressed the importance of good public relations within and without the profession and reported the formation of a

Committee on Public Relations during the past year. The report on legislation reviewed in detail the year's developments with regard to the Bill for an Ontario Nurses' Act. In spite of the complete lack of success which had so far attended the association's efforts to have its Bill presented to the Legislature, the general meeting decided to make another attempt and to adhere to the principles of the original Bill.

At a combined section meeting the reorganization of sections, to conform with the new C.N.A. Constitution and By-laws, was discussed. It was decided to adopt the committee type of organization and this change will be incorporated in a revision of the R.N.A.O. Constitution and By-laws which is to be prepared during the coming year. Other changes which will be included are provision for an associate membership for inactive nurses and an increased active membership fee. The amendments will be voted on at the 1950 annual meeting.

The secretary-treasurer reported on the group disability insurance plan which was sponsored by the Board of Directors in September, 1948. All members who are doing some active nursing are eligible for income protection insurance under the plan. At the time of the annual meeting, it was in effect in eight of the association's nine districts and representatives of the Continental Casualty Co. were interviewing members in the remaining district.

During the year seven loans were granted from the Permanent Education Fund to assist members to take post-graduate study. Those receiving loans enrolled as follows: one in an advanced course in nursing education, three in advanced public health courses, one in a basic course in nursing education, two in basic public health courses.

The report of the registry adviser revealed steady progress in the organization and development of registries. Two new registries were organized during the year, in Peterborough and Pembroke, bringing the total to twenty-six. There was increased participation in educational programs, and reference and rotating libraries were extended. Nine registries experimented with a shared nursing care program, enabling more patients to receive special nursing care. The uniform system of records which has been adopted in practically all registries has enabled the registry adviser to accumulate useful statistics pertaining to the private duty field. These have already been of value and will be increasingly so.

One of the hardest working committees in 1948 was the Committee on Personnel Practices and Salary Schedules. This committee made a factual study of existing personnel practices and salaries for nurses in hospitals and industry. Statistical information was tabulated and detailed reports were sent to hospital superintendents, industrial managers employing registered nurses, and community nursing registries. The committee is now to be merged with the Committee on Labor Relations and will proceed to draw up recommendations on the basis of its findings.

The general meeting approved the establishment of an annuity plan for the full-time employees of the association. It is similar to, but not identical with, the plan adopted by the Canadian Nurses' Association for its employees. It has been approved by the Government Annuities Branch, Department of Labor, Ottawa, and became effective on May 1.

An interesting symposium on "Obstetrical Nursing" attracted a large audience at one afternoon session. Participating in the program were Dr. Edwin M. Robertson, F.R.C.S., professor of obstetrics and gynecology, Queen's University, Kingston, and three Ottawa members of the association—Miss Kate M. McIlraith, Miss Mary B. Thompson, and Miss Hester J. Lusted. At the joint section meeting on the final morning, representatives of the three sections discussed "Integration of Hospital and Community Services." The speakers were Miss Jean C. Leask, public health; Miss Jessie E. Young, institutional; Miss Sophie M. Holmes, private duty.

The annual dinner is always an event of importance. Four hundred and fifty-five persons attended this year and heard Miss Gladys B. Carter's informative address on "Nursing in a National Health Service." There were other noteworthy social events, including a Board of Directors' dinner across the Ottawa river in the province of Quebec. The generous hospitality of Ottawa nurses was appreciated by everyone and imparted its own atmosphere of friendliness and goodwill to the annual meeting. Miss Ethel M. Gordon was the capable convener of local arrangements.

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Secretary-Treasurer, R.N.A.O.

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Annual Meeting in Saskatchewan

The thirty-second annual convention of the Saskatchewan Registered Nurses' Association was held in the Hotel Saskatchewan, Regina, on May 26 and 27, 1949. Miss Ethel James presided at all sessions. The Regina and Moose Jaw chapters were joint hostesses. Twenty-eight centres in Saskatchewan were represented at this meeting. It was one at which younger members made themselves felt and brought enthusiasm and stimulation. The "not-so-young" were also present in goodly numbers to give ballast and the benefit of experience. We were happy to welcome at least one honorary member to the meeting as Miss C. Isabel Stewart attended all sessions.

Reports from provincial offices and committees indicated a very busy year.

The highlights of the meetings in the form of addresses were the following:

"A Month's Course in Mental Hygiene" given at the Saskatchewan hospitals, as applied in the public health field, presented by Misses Mary Floyd and Marjorie Leger at the meeting of the Public Health Nursing Committee.

"Planning for Better Health in Saskatchewan," by Dr. F. D. Mott, chairman, Saskatchewan Health Services Planning Commission.

"Better Public Relations through (a) "Pen"—Mr. Lloyd Williams, research economist; (b) "Voice"—Miss Lola Wilson, assistant registrar.

This session was chaired by Miss Sheila Leeper, convener of the Committee on Public Relations, S.R.N.A.

Thursday afternoon was devoted to the chapters. Their reports evidenced a year of activities of which this association is justly proud. Our chapters interpret nursing and nurses to the community and do so in a very effective way. The reports indicated generous donations to: War Memorial Fund, Canadian Red Cross, Local Fire Disaster Fund, parcels to Great Britain, Cancer Fund, a cod liver oil fund (established by one chapter).

Chapters reported that their members assisted in the Saskatchewan tuberculosis survey and drive. They also developed a project whereby special interest is taken in high school students who plan to enter schools of nursing, and supported other community interests.

This most interesting session closed with a symposium on "A Chapter in Action" read by Mrs. Dorothy Harrison, our immediate past president, with Misses Florence McColl, Marjorie Mitchell, and Elizabeth Caza participating. Here the various types of nurses who attend meetings regularly (and seldom) were portrayed. These included "Miss Flighty," who came armed with her knitting and caused the usual distractions by dropping needles and wool at periodic intervals, and requesting *sotto voce* to be enlightened on happenings which she had missed because of irregular attendance. She finally summed up the meeting, "Not as *bad* as I expected." We hope that the review of this session will be very helpful to those conducting meetings and especially to our chapters.

Dr. Mott's able address on "Planning for Better Health in Saskatchewan" was most enlightening and a real incentive even to nurses who have followed health developments in the province quite closely. Dr. Mott paid special tribute to the co-operation received from the association and stressed the importance of nursing as basic to any health plan.

Some interesting announcements at the meeting included: News of a personal survey of nurses which is being launched immediately by the Health Survey Committee and the S.R.N.A.; generous bursaries to be awarded through the Health Training Grant to enable nurses interested in teaching and supervision and administration, as well as public health nursing, to take post-graduate courses; a course in psychiatry recently reorganized at the psychopathic unit of the Regina General Hospital, from which a limited number of student nurses may benefit through affiliation—(the cost of transportation, maintenance, and allowances to students taking the course is to be covered by the provincial government and is made possible by the federal health grants); the formation of a committee to institute provincial workshops on ward administration, as a result of the institute held recently, and made possible through governmental assistance; the publication of "Recommendations

Relating to Nursing Personnel," recently revised and enlarged upon at the request of the Saskatchewan Hospital Association and the Saskatchewan Health Services Planning Commission.

The meeting agreed to increase fees from $5.00 to $10 a year, effective January 1, 1950. It was pointed out that the increased contribution represents less than fifty cents a month to the support of professional developments which are so important to all nurses at this time. It is hoped that, through this increase, it will be possible to reduce to a minimum direct appeals to nurses for certain special donations.

Under the guidance of Miss Lillian Garland, and introduced by Miss Myrtle Crawford, Misses Bernice Hay and Joyce Wallwin, students from the schools of nursing in the Regina General Hospital and the Regina Grey Nuns' Hospital, demonstrated one effective way to use *The Canadian Nurse*. They illustrated the value of keeping a card index for future reference and reviewed this reference from which many might benefit. This proved to be a most direct introduction to the *Journal* and its many uses—a good suggestion for any school or group.

Saskatchewan nurses gave themselves a pat on the back for certain high places they hold in connection with the *Journal* and shared this credit with students.

Social events included a no-hostess luncheon on the last day of the meeting and a tea held at the Grey Nuns' Hospital in the spacious and attractive solarium, where members enjoyed the very gracious hospitality of the Sisters. The solarium is situated on the top floor of the hospital and not only offers most delightful surroundings for a gathering of any sort, but a view of the city of Regina and vastness of the prairie which it would be difficult to surpass.

Elected to office for the coming year, as the result of a ballot sent to all members, were: Ethel James, president; Mrs. J. Porteous, first vice-president; Rev. Sr. Tougas, second vice-president; councillor, Eleanor (Worobetz) Gault. Committee chairmen: Private Duty, Mrs. Eva Pechey, Regina; Institutional Nursing, Lucy Rechenmacher, Saskatoon; Public Health Nursing, Mary Edwards, Regina.

Those welcomed to honorary membership on retirement during the past year were reported as follows: Miss Ethel Grant, Miss

E. May Hagerman, Miss Flora B. Maclean, Miss Katherine F. Maclean, Miss Elizabeth Morrison. These nurses have all maintained continuous membership in the S.R.N.A. for twenty-five years or over. The association proudly shares with them an envious record of professional achievements.

K. W. ELLIS
Secretary-Treasurer and Registrar

Book Reviews

Our School of Nursing, by Anne S. Cavers, R.N. 100 pages. Illustrated. Price $1.25 postpaid.

Reviewed by Emily L. Nelson, President, V.G.H. Alumnae Association.

We've often wondered why someone didn't write a history in an interesting, entertaining way, more like a story, with strictly historical data segregated and the running story worded to be as entertaining as possible. Anne Cavers, class of 1927, Vancouver General, has done just that in "Our School of Nursing, 1899-1949." This hundred-page book brings to life the trials and laughs of fifty years of growing pains as experienced by the Vancouver General and the V.G.H. School of Nursing. The V.G.H. Alumnae Association is handling sales of the book. Copies may be obtained from Mrs. M. Faulkner, 587 W. 18th Ave., Vancouver, B.C.

Urology for Nurses, by Oswald S. Lowsley, M.D. and Thomas J. Kirwin, M.D. 687 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 2nd Ed. 1948. Illustrated. Price $6.75.

Reviewed by Sr. M. St. Matthew, Supervisor, St. Michael's Hospital, Toronto.

"Urology for Nurses" is a publication that is timely and should be very valuable to all who are interested in the study of this field of nursing. At first reading it might seem that a few chapters are somewhat beyond the comprehension of student nurses but, with more study, only the part dealing with operative procedure would come under this category.

The chapters on embryology and anatomy should be a definite aid to the student nurse. The presentation of the anatomy, especially, is so clear-cut that what has hitherto been vague and extremely difficult should be easily visualized. The student

nurse will certainly appreciate the direct and simple explanation of intake and output. All nurses interested in post-graduate study of urology would be well advised to have a copy of this excellent textbook.

Nursing Pathology, by Raymond H. Goodale, B.S., M.D. 416 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1948. Illustrated. Price $3.30.

Reviewed by Aleda Greenway, Medical-Clinical Instructor, Winnipeg General Hospital.

The title "Nursing Pathology" is the theme which the author develops in producing a textbook for the student nurse. The sequence of material in units of General, Applied, and Clinical Pathology follows a logical order.

Unit I discusses such topics as causes of disease, body defences, inflammation and repair, and ulceration. The discussion of obstructions is new and interesting. The chapter on neoplasms places emphasis on the nurse's opportunity to inform the public regarding early diagnosis. Here, too, the author states: "The most important field in pathology is the correct diagnosis of tumors."

Unit II applies the disease processes discussed in Unit I to the various systems with brief but clear description of the actual pathology.

Unit III opens with a chapter on the nurse's responsibilities in clinical tests, giving general

rules in this regard. The remaining chapters deal with the examination of all types of specimens and interpretation of reports. The increasing use and importance of blood chemistry is remarked. A comprehensive glossary, with pronunciations, forms a valuable study aid.

Criticisms might be that the inclusion of general treatment of disease might add to the usefulness of the book. Also because of the changing picture of infantile paralysis this statement could have been made more general: "It usually affects children, but adults occasionally contract the disease."

M.L.I.C. Nursing Service

Alice Comtois (Sacred Heart Hospital, Montreal) and *Apolline Coursol* (Hotel Dieu Hospital, Montreal), who have completed the public health nursing course at the University of Montreal, have returned to their duties on the Montreal staff. *Eleanore Elliott*, who for several years was on the Montreal staff, has resigned from the company's service as has *Gilberte Cantin* who is to be married.

Ontario

The following are recent staff changes with the Ontario Public Health Nursing Service:

Appointments: The County of Huron, previously served by a school health service, has established a health unit and has appointed *Norah Cunningham* (B.A.Sc., University of British Columbia and advanced course in administration and supervision, University of Toronto) as public health nursing supervisor. The following public health nurses have joined this unit staff: *Aubra Cleaver* (Toronto General Hospital and U. of T. certificate course) and *Mary Love* (Stratford General Hospital and University of Western Ontario cert. course).

Maribelle Mackenzie (Galt Hospital and Ont. Dept. of Education approved school nursing course), formarly senior nurse with Huron County school health service, as senior public health nurse, Chatham board of health; *Susan Scales* (Guelph Gen. Hospital and U. of T. cert. course), formerly with Lennox and Addington health unit, Stratford board of health.

Resignations: *Kathleen Drexler* from Prince Edward County health unit; *Marian Hatcher* from Galt board of health; *Neta Moore* and *Frances Walton* from Oxford County and Ingersoll health unit; *Isobel*

(*Morrell*) *Bruce* from Geraldton as public health nurse; *Myra MacArthur* from Port Arthur board of health; *Dora Pearce* from Elgin-St. Thomas health unit; *Patricia Robertson* from Woodstock board of health; *Inez Ronan* from Windsor board of health; *Ruth* (*Burney*) *Van Horne* from Lambton health unit; *Dorothea* (*Elgie*) *Beatty* from Stratford board of health.

Victorian Order of Nurses

The following changes have occurred on the staff of the Victorian Order of Nurses for Canada:

Appointments: Hamilton: *Virginia Cline* (Hospital for Sick Children) and *Bernice Gibson* (Toronto General Hospital). Montreal: *Jean Ellis* (Montreal Gen. Hosp.) and *Annie Proudfoot* (Glace Bay Gen. Hosp). Welland: *Marguerite Ellsworth* (B.Sc.N., McMaster University). Winnipeg: *Louise Fast, Marjorie Shaw,* and *Phyllis Welling* (all St. Boniface Hospital, Man., graduates).

Transfers: *Anna Cummings* from Burnaby to N. Vancouver; *Barbara Munroe* from Port Arthur to Victoria.

Resignations: *Edna Hulse* from Toronto, *Norma MacKenzie* and *Evelyn McIlwain* from Windsor, Ont., and *Emily Mayhew* from Ottawa, all to take up other work. *Mary Carew* from Halifax, *Phyllis Fraser* from Sackville, N.B., and *Marion Schwanbeck* from Saskatoon, all to be married. *Jean* (*Ferguson*) *Johnson* from Oshawa, *Doris MacLeod, Lois McKnight,* and *Rose Redding* from Dartmouth, N.S., *Margery* (*Dumouchelle*) *McGuire* from Windsor, Ont., and *Audrey* (*Driver*) *Webster* from York Township, Ont.

Nursing Sisters' Association

E. Percival, secretary of the *Montreal Unit,* has resigned as she is leaving the city. Janet McWade, 4565 Queen Mary Rd., replaces her.

Nancy Kennedy-Reid, matron of the military hospital at Ste. Anne de Bellevue, entertained the unit members at a garden party. In ideal surroundings and under perfect weather conditions, this opportunity for old friends in the service to meet again and to welcome new members was an unqualified success.

All members were pleased to have as guests of honor Col. Paul LaPlante, hospital superintendent, and Col. Haig, district administrator, and Mrs. Haig.

News Notes

BRITISH COLUMBIA

CHILLIWACK:

Forty-one members attended a recent meeting of Chilliwack Chapter when Nan Kennedy gave a report of the district meeting held at Cloverdale. Members from Mission, Abbotsford, Haney, New Westminster, Langley, and Chilliwack were present. The new constitution and by-laws for the district were drawn up by the New Westminster Chapter. K. Crowley reported on the R.N.A.B.C. convention while Mrs. N. McGregor told the members that $265.15 was realized from the very successful garden social. Miss Esow was appointed *Canadian Nurse* representative.

It was decided to donate $25 towards the building of the Recreation Centre. A motion was put to the meeting regarding the giving of a scholarship to a student of the community wishing to enter a school of nursing. Twenty-five dollars was contributed towards a medical and surgical library for the use of all nurses in the Valley.

B. Lowen later entertained the members with a talk on her work as a missionary nurse in an orphanage in Cuba. Her lecture was illustrated with colored slides.

KAMLOOPS-TRANQUILLE:

The highlight of a recent meeting of Kamloops-Tranquille Chapter was a trip through Alaska by air and jeep as depicted on colored slides by Mr. J. Gregson. Dorothy Irving, delegate to the R.N.A.B.C. convention, returned with an enthusiastic report on the progress of association activities.

Associate and active members attended the annual Vesper Service at St. Paul's Anglican Church, Kamloops.

Hazel MacInnes, retiring superintendent of nurses, Royal Inland Hospital, was honored at a social evening by the chapter. The president, Mrs. R. Waugh, extended best wishes and happiness for the years ahead and presented her with an initialled leather handbag. Helen MacKay, formerly instructor of nurses, succeeds Miss MacInnes.

The many friends of Blanche Brooke gathered recently to wish her good luck and farewell on the occasion of her retirement as medical floor supervisor at R.I.H. As a token of the nurses' good wishes, she was presented with a green china tea service.

The 1949 graduation class of R.I.H. was

entertained at a banquet by the chapter when prizes were awarded for the lucky winners of Bingo. A sing-song brought the evening's fun to a close.

VICTORIA:

St. Joseph's Hospital:

Although active membership has increased during the past year, 1950 is the Golden Jubilee and it is the earnest desire of the alumnae to have a hundred per cent membership. With this goal in view, a resolution was passed that non-active members be reinstated by paying the current annual fee of $1.00. For those unable to attend the annual meeting, fees may be sent to Miss E. Chung, the alumnae treasurer, in care of the school of nursing.

Meetings have been held on the first Tuesday of each month with a better attendance than in previous years. A summary of the year's activities follows:

Assistance was given to Fraser Valley Flood Relief in the form of a cheque for $50 sent to Mrs. H. Beech, an alumnae member who worked with the Red Cross at Mission. Payments were continued on educational films for the teaching department. A tea was held for the retiring president, Mrs. J. Hutchinson, by members of the old and new executives. A sewing machine, steam iron, and ironing board were purchased for the student nurses' sewing class. A Hallowe'en dance and a bridge tea were enjoyed by students and graduates. A rummage sale in November augmented association funds. A Christmas dance was held to cheer students away from home. The usual remembrances were sent at Christmas to ill nurses in hospital.

The December meeting took the form of a party with members of the 1949 class as guests when a musical program was enjoyed. In February, a Valentine dance was held for the students. The alumnae were co-sponsors for the successful Hudson's Bay Fashion Show. April saw a Spring Tea and bridge. Tickets for the Kamloops Memorial Arena Quiz Contest were sold and helped increase the bank balance. C. Harrington was delegate from the alumnae to the R.N.A.B.C. convention.

Of the 1949 graduation class, the winner of the $100 alumnae bursary was M. Ledoux and a prize of $10.00 to the graduate technician showing greatest promise was awarded to Jean Dorman. Royal Colwood Golf Club was the scene of the graduation dance. A committee of three was appointed to administer the Mary Thompson Memorial Fund, with Mrs. E. Gandy as chairman. Two members benefitted from this fund during the past year.

Four interesting and instructive lectures on new phases of nursing were given by the Sisters and hospital staff. Sr. M. Claire showed three films on anatomy and physiology.

NEW BRUNSWICK

SAINT JOHN:

General Hospital:

The alumnae association, of which B. Selfridge is president, held its annual dinner and dance in honor of the 1949 graduates.

One hundred and fifty attended. The president and K. Bell, vice-president, addressed the honored guests. Solos were sung by Frances Higgins.

A class of twenty-five probationers recently received their caps in an impressive candle-lighting ceremony. All members of the training school and the staff nurses were present while Orma Smith, superintendent of nurses, presided. The students were presented to Miss Smith by K. Bell, instructor. Patricia Higgs, senior student, quoted a poem on the cap symbolism while Betty Greene offered the nurses' prayer of dedication. Lorna Wood, undergraduate, welcomed the members of the class into the Students' Association.

Honoring Miss Bell and Catherine Swain, the graduate nurses of the hospital entertained at tea recently. Miss Smith presided over the teacups. Assisting in serving were R. Chisholm, N. Brown, H. Hoyt, K. King, and Mrs. H. Hildebrand. The honored guests were each presented with a tablecloth and pair of blankets. Miss Murdoch, former superintendent of nurses, was a special guest. Miss Selfridge succeeds Miss Swain as supervisor, outdoor department.

St. Joseph's Hospital:

The advancement of nurses' training in the past fifty years was outlined by Dr. J. R. Nugent in his address to the graduates at the recent exercises. Sixteen students received their diplomas and pins from the Most Rev. P. A. Bray, bishop of Saint John. The valedictory was given by Lucy Ellen Gilbert, of Oromocto, who won six of the seven awards given for the highest standing in various subjects, including: theory for the three years, Christian doctrine, obstetrical nursing, surgical nursing, efficiency in bedside nursing, medical nursing. Anne Marie Pierce won the award for highest standing in medical ethics.

ST. STEPHEN:

At a recent meeting of St. Stephen Chapter, arrangements were made to man the first-aid stations during the International Jubilee Celebration sponsored by St. Stephen and Calais (Me.) veterans.

Congratulations are extended to Marion Gage on her graduation from Montreal General Hospital when she was awarded the Board of Management prize for general proficiency.

Chipman Memorial Hospital:

Nine nurses received their diplomas and pins at the annual graduation exercises. Jean Ingersoll received the award for highest marks in communicable disease exams as well as a prize for proficiency in obstetrical nursing. Each nurse was presented with a hypo syringe as a gift from the alumnae. A reception and dance followed the exercises.

Miss Boyd's cottage at "The Ledge" was the scene of the annual alumnae picnic when business and the election of officers followed the supper.

Mrs. H. N. (Holt) Flewelling is welcomed back to the city. Prior to her marriage, she was a supervisor at Children's Memorial Hospital, Montreal.

NOVA SCOTIA

HALIFAX:

Victoria General Hospital:

A "Canada Carries On" film, temporarily titled "White Fortress," was recently completed at the hospital. It is a screen movie intended to familiarize the public in an interesting manner with the vast number of services provided through the modern hospital. This was done by taking several individual cases of different types and depicting various stages of the treatment. Among the scenes is a "staged" accident on a downtown Halifax street, arrival of ambulance, transportation and admission of "victim" to hospital, and subsequent treatment. Members of the hospital staff are appearing throughout the films as they go about their specialized duties linked with service to patients. The film will probably be released in September.

Mrs. G. M. Morrell, alumnae president, was delegate to the R.N.A.N.S. annual meeting at Baddeck, C.B. Two students also attended this convention—Margaret Topple, sent by the alumnae, and Margaret Johnson by the Student Council.

Leila Messias, who has been night supervisor of the private floors for the past ten years, was presented with a sum of money by the alumnae on her departure to attend the I.C.N. Conference in Sweden. Miss Messias, who will be away for several months, will also visit Scotland.

ONTARIO

DISTRICT 7

BROCKVILLE:

Ontario Hospital:

The annual reunion of the school of nursing alumnae this year took the form of a banquet when over a hundred former graduates, coming from as far away as California, attended. An entertaining program by alumnae members followed the dinner. In the afternoon, those arriving from a distance were served tea in the nurses' residence from the beautiful silver tea service which the alumnae donated to the residence.

KINGSTON:

General Hospital:

Muriel Hammond, of Carleton Place, has been awarded a $500 scholarship by the Women's Aid of the hospital. Miss Hammond is one of the forty-seven graduates of the recent class. A gold medal was won by Alice J. Fetterly, of Trenton, and a silver medal was awarded to Joyce A. Hawkins of Pembroke.

Ontario Hospital:

The alumnae association recently entertained the seven members of the graduating class at dinner when the guest speaker was Dorothy Riches, director of Queen's University School of Nursing. Sitting at the head table with the guest were: E. G. Smith, superintendent of nurses; Mrs. D. O. Lynch, honorary alumnae president; Mrs. N. R. Ferguson, president. F. Lattimer presided. The ladies of the class were presented with corsages and the men received *boutonnières*. Each graduate was given a hypo set from the alumnae. Guests included: Miss Mullin, representing the Hotel Dieu School of Nursing; L. D. Acton, General Hospital; G. Conley, Public Health Department; Marion Sundberg, B.S.N., the first nurse from Ontario Hospital Training School to receive her nursing degree from Queen's.

A reception was held later when members of the class received with Miss Smith. Mmes G. E. Wilson, H. L. Batstone, G. Boag, R. M. Billings, and Ferguson assisted.

District 8

CORNWALL:

At the annual meeting of the alumnae association, a report was given on the food sale held in the spring. A substantial amount has been raised towards the endowment of a room in the new wing of the hospital.

Eileen McIntyre is the president for the coming year, assisted by M. Ferguson and Mrs. H. Quart as vice-presidents. The secretary is Mrs. V. S. Whaley, while M. Clark will serve as treasurer. Additional executive include: E. Allen, E. Paul, R. Warren, Mmes P. Robertson and E. Gunther. Mrs. Boldick is an honorary member while honorary presidents are Miss Nephew and Mrs. Gunther.

QUEBEC

LACHINE:

It was announced by Mrs. J. Stanley, president of the Women's Auxiliary of the General Hospital, that a fund, to be known as the Lewis Brown Memorial Fund, has been opened to establish a suitable memorial to the late Miss M. L. Brown, superintendent of the hospital for twenty-three years. The W. A. of the hospital was formally founded and established as an auxiliary by Miss Brown.

The following is a tribute to Miss Brown:

"During the past year, we lost one who was the central figure in our hospital for over twenty-three years. Miss Brown was appointed superintendent in May, 1925, and served the hospital loyally until her fatal illness which compelled her to relinquish her duties about a year ago.

"Her faithful and untiring devotion to her patients—her personal interest in their recovery—will long be remembered by all of them. Her loving consideration for all people and deep interest in community endeavors will long be remembered by all of us."

The fund is now open for subscriptions which may be mailed to the treasurer of

W.A.—Mrs. W. Herbison, 11-15th Ave. or to the president, Mrs. J. Stanley, 70-43rd Ave., Lachine, Que.

MONTREAL:

Children's Memorial Hospital:

Marian Cochran, who was granted leave of absence to take teaching and supervision at McGill School for Graduate Nurses, has returned to the staff as supervisor of the medical and surgical infant wards. Patience Ellis and Doreen Rourke, of Jeffery Hale's Hospital, have joined the junior rotation staff. Eva Brown, of the Winnipeg General Hospital, replaces W. Davidson, who resigned as head nurse, Ward K. Elizabeth Wood resigned as head nurse, Ward E, and is succeeded by Fern Burger. Jean (Watters) Dwerryhouse is doing relief work on the staff.

Royal Victoria Hospital:

June 10, 1949, was the occasion of a unique event in hospital annals when two former operating-room supervisors assisted with the planting of some black walnut trees donated by Dr. John Armstrong. The trees were planted in the open lawn immediately in front of the nurses' home. Miss B. K. Felter, who took charge of the operating-room when the hospital was first opened in 1896, and Miss Margaret Etter (R.V.H., 1916), who became O. R. supervisor in 1925 following Miss Felter's retirement, and who retired herself in 1946, were assisted with the planting by Dr. J. Gilbert Turner, superintendent of the hospital, Mr. John Fraser, assistant superintendent, and Dr. Armstrong. Suitably inscribed plaques will commemorate this happy event.

Mrs. H. Aline (Pomeroy) Paice, who has been director of the social service department of R.V.H. since 1929, retired on June 15. Following her graduation in 1916, Mrs. Paice served overseas for two years with the C.A.M.C. Upon her return, she became interested in welfare work and spent three

years in this field in Pittsburgh before joining the social service department here in 1925. Mrs. Paice was active in the development of the training program for medical social workers in conjunction with the School of Social Work of McGill University.

QUEBEC CITY:

Jeffery Hale's Hospital:

The Chateau Frontenac was the scene of the annual dinner given by the alumnae association in honor of the 1949 graduation class when the class prophecy was read by J. Bancroft and songs rendered by Mrs. B. Patterson. Nine graduates received their diplomas the following evening when members of the class were presented with a small gift from the medical staff. The Governors' Prize was won by Misses Watt and Wiswell. The Women's Auxiliary Prize was awarded to Miss Ronalds and Miss Gray received the alumnae prize. The new graduates were also guests at a formal dance.

The following nurses attended the A.N.P.Q. convention in Montreal: Mmes Seale, Greene, Misses Humphries, Weary, MacDonald, and Dawson. A special meeting was held to enable them to give their reports.

SASKATCHEWAN

MOOSE JAW:

General Hospital:

Graduates of earlier years were in attendance at the recent alumnae association reunion when a tour of the hospital, nurses' residence, etc., was made by them and the many improvements noted. G. Motta and Mrs. I. Jones received the guests at the well-attended tea, when Mmes J. Vicq, G. Campbell, and C. Green also assisted. Mmes H. Bateman and W. Hodgkinson were in charge of the teaspoon table, where numerous teaspoons, donated by the graduates, were displayed.

One hundred and fifty-three members attended the banquet held at Grant Hall Hotel. Mrs. Jones, alumnae president, extended a welcome to all. Life memberships were given to Mrs. Ben (Vrooman) Thomson, Mrs. F. (Ashworth) Hodson, and Miss W. Edwards, all of the class of 1909. The toasts were as follows: "Our Alma Mater," proposed by Mrs. H. G. Young and responded to by G. Motta; to past graduates, proposed by C. Lennie and responded to by Mrs. Thomson; to the 1949 class, proposed by Mrs. Hodson, responded to by V. Kleven. The presentation of prizes followed, when Miss Mackie gave a short address. The new class each received an alumnae certificate folder, containing a complimentary membership card.

The prize for coming the longest distance to attend the reunion was won by Mrs. Hodson of New Westminster. She also received the prize for having the largest family. Mrs. H. Gill, of the 1919 class, received the award for the earliest graduate still engaged in active nursing. The only member whose

daughter is a nurse is Mrs. Astleford of Tuxford. Daughter, Noreen, is a member of the new class.

SASKATOON:

City Hospital:

Forty-one members of the 1949 class of the school of nursing recently received their diplomas and pins. At the reception held later, Mrs. J. E. Porteous, director of nursing, and Mr. E. V. Walshaw, acting superintendent, received the graduates and their friends. Prior to graduation, the new class was entertained at several functions, chief of which was the dance given in their honor by the Board of Governors and the Student Nurses' Association. The alumnae association also entertained the new class at a theatre party when the graduates were given membership cards into the alumnae. The general proficiency medal, donated by the association, was won by Ruth MacDonald.

The staff and students were fortunate in being able to observe operations via television equipment, which was installed by E. R. Squibb & Sons of Canada, Ltd., for the duration of the recent medical convention.

St. Paul's Hospital:

A sincere "Thank You" is said to this year's graduates who donated two beautiful mirrors to the entrance hall of the nurses' home as a memento of their training days.

Sr. A. Ste. Croix, the school of nursing director, attended a recent convention in St. Louis.

SWIFT CURRENT:

A banquet was held by Swift Current Chapter in honor of the four Grade XII students who are going in training. Miss McColl spoke to the gathering on "What Nursing Holds for You and What it Expects of You."

Kathleen Willis, B.Sc.N., has joined the public health staff. The staff is pleased to welcome back Jeanne Cloarec who has completed the public health course at McGill. Mrs. L. Shepherd, recently engaged in public health work in Shaunavon East district, has left to join her husband in Lakefield, Ont. Swift Current is pleased to welcome back Mrs. Ray (McNabb) Wiskar. Mrs. F. Kellerman, of the Union Hospital staff, is returning to Meadow Lake to be married.

YORKTON:

The Yorkton Chapter and the General Hospital gave dances in honor of the 1949 graduates, nineteen of whom received their diplomas. At the banquet given in their honor by the alumnae association, Babe Olafson was guest speaker.

B. Skakevitch and I. Wagner, brides-elect, were presented with Kenwood blankets by the hospital staff.

Positions Vacant

Advertising Rates — $5.00 for 3 lines or less; $1.00 for each additional line.

Matron for 18-bed modern hospital in Central Alberta. Duties to commence Sept. 1. Apply, stating qualifications, age, experience, salary expected, etc., Sec.-Treas., Municipal Hospital, Eckville, Alta.

Nursing Arts Instructor. Also **Clinical Supervisor.** Immediate openings. University post-graduate course or degree in nursing teaching essential. Applicants must be interested in modern nursing education trends. 200-bed hospital in Niagara Peninsula, doubling capacity within 2 yrs. First School of Nursing in Canada—75 students. Excellent personnel policies. Salary dependent upon qualifications & experience. Increments. Apply, stating full qualifications, experience, relevant details in 1st letter, Director of Nursing, General Hospital, St. Catharines, Ont.

Operating Supervisor, Nursing Arts Instructor, Pediatric Supervisor immediately for 200-bed hospital. Apply, stating qualifications, Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Science Instructor & Clinical Instructor for Fall Term. 130 students. Apply for further information to Director of Nursing, St. Joseph's Hospital, Victoria, B.C.

Pediatric Supervisor. Post-graduate course in Pediatrics required. Registration in British Columbia essential. For further information apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

Asst. Night Supervisor for modern 220-bed General Hospital. Apply, giving full particulars in 1st letter, Supt. of Nurses, Jewish General Hospital, 3755 Cote Ste. Catherine Rd., Montreal 26, Que.

Have you the urge to travel & see more of our country? Have you a friend who would like to also? Nurses are required for the new ultra modern 37-bed General Hospital in Langley Prairie, 1 hr. from Vancouver. Accommodation available in the newly opened nurses' home. Basic gross salary: $165; $175 with recognition for experience or post-graduate courses. Straight 8-hr. day, rotating shifts, with 9 statutory holidays & sick time. Apply Miss M. Ward, Supt. of Nurses, Langley Memorial Hospital, Murrayville, B.C.

Registered Nurses interested in General Staff, Head Nurse & Supervisory positions at Texas Medical Centre. Immediate openings. Maximum beginning salary for General Staff Nursing: $220 per mo. 44-hr. working wk. & uniform laundry. Liberal paid vacation, holidays, sick leave. Salaries for Head Nurses & Supervisors open, being based on experience & post-graduate work or college credits in nursing. Apply Director of Nursing Service, Hermann Hospital, Houston 5, Texas.

Registered Nurses for General Staff Duty in 645-bed hospital with 300-bed addition under construction. Information regarding salary, hrs. of duty, group insurance, superannuation & hospitalization will be sent upon receipt of letter stating experience. Cost of railway ticket to Edmonton refunded after 1 yr. continuous employment. Apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

General Duty Nurses (2) for 19-bed hospital (United Church). Salary: $125 per mo. plus full maintenance. Bonus of $50 paid at end of 1st yr. & another bonus of $100 at end of 2nd yr. 8-hr. day split shift. 2 half days off ea. wk. 1 mo. holiday at end of ea. yr.'s service. Apply, stating qualifications, vital statistics, data available, Supt., George McDougall Hospital, Smoky Lake, Alta.

Graduate Nurse for 23-bed hospital in beautiful Creston Valley. 44-hr. wk. 28 days vacation ea. yr. 2 days accumulative sick leave ea. mo. 6 statutory holidays. Fare refunded at end of 12 mos. service. Salary: $150 per mo. plus service bonus, less $25 for full maintenance. Apply Matron, Creston Valley Hospital, Creston, B.C.

UNIVERSITY OF TORONTO
SCHOOL OF NURSING

Degree Courses of Interest to Graduate Nurses

In 3 academic years (of 8 to 9 months each) a registered nurse may qualify for the B.A. Degree (in the Faculty of Arts), and also for a Certificate in one of the following:

Nursing Education and Nursing Administration: General
Nursing Education and Nursing Administration: Advanced
Public Health Nursing: General
Public Health Nursing: Advanced

For further information apply to:

THE SECRETARY

Supt. of Nurses for Yarmouth Training School (70 beds) (urgent). Full maintenance. State qualifications, experience, salary expected. Also **Instructor of Nurses** by Aug. 15. Apply Mr. A. G. MacLellan, Beacon St., Yarmouth, N.S.

Matron & Registered Nurses (3) for modern 20-bed hospital. Salary: $175 & $145 with full maintenance. Write or phone E. W. Groshong, Sec.-Mgr., Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Operating-Room Supervisor for large Operating-Room Dept. of General Hospital in Toronto. Experience in O.R. management necessary. 44-hr. wk. Liberal vacation & sick time allowance. Salary open. Complete maintenance if desired. Apply c/o Box 8, *The Canadian Nurse, Ste. 522, 1538, Sherbrooke St. W., Montreal 25, Que.*

Nursing Arts Instructor—Gross salary: $195. **Science Instructor**—Gross salary: $205 less $30 maintenance per mo. **Clinical Supervisor**—Gross salary: $180 less $30 maintenance per mo. 188-bed hospital. 44-hr. wk. Apply, stating qualifications & experience, Supt. of Nurses, General Hospital, Medicine Hat, Alta.

General Duty Nurses for 60-bed General Hospital. 8-hr. duty, 6-day wk. Salary: $115 plus full maintenance. 3 wks. vacation. Apply, giving full information, Supt., Public Hospital, Smiths Falls, Ont.

Nursing Arts Instructor with degree, **Operating-Room Supervisor & Nurses for Obstetrical Dept.** for 154-bed hospital connected with large clinic, located in the Capitol City. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Supervisor for new Surgical Wing—3 floors, 16 beds on each. Head nurse covering each floor. **Educational Director** for 250-bed hospital with 135 students. 5½ day wk. 1 mo. vacation with pay after 1 yr. service. Position open for Fall. Apply, stating qualifications, experience, salary expected, Grace Hospital, Winnipeg, Man.

Night Supervisor for 180-bed hospital. 48-hr. wk., rotating 3-11, 11-7. 1 mo. vacation with pay. 21 days sick leave per annum with pay cumulative to 6 mos. Pension plan. Salary open, depending on qualifications & experience. Apply, stating when available, Supt. of Nurses, General Hospital, Moose Jaw, Sask.

Operating-Room Nurse with post-graduate training. Basic salary: $190 per mo. gross, plus $10 for on call service. **General Duty Nurses.** Basic salary: $180 per mo. gross. Annual vacation: 28 days after 1 yr. 18 days sick time without pay deduction cumulative. 10 legal holidays. 8-hr. day. Annual increments: $10, 1st yr.; $5.00, 2nd yr.; $5.00, 3rd yr.; $5.00, 4th yr. Eligible for registration in B.C. Apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

Graduate Nurses for Staff Positions with Victorian Order of Nurses, Toronto Branch. Minimum salary: $1,800. 1 mo. vacation with pay after 1 yr. service. Allowance for sick leave. Pension. Initial uniform allowance. Apply Miss E. Cryderman, District Supt., V.O.N., 281 Sherbourne St., Toronto 2, Ont.

Graduate Nurses for General Duty in Operating-Room, Obstetrical Dept., Medical & Surgical Floors. Modern well-equipped 100-bed hospital, Minimum gross salary: $155 per mo. Apply St. Mary's Hospital, Camrose, Alta.

General Duty Nurses for modern 50-bed hospital, 20 miles from Lake Huron. Salary: $115 per mo. plus maintenance. Increase at end of 6 mos. to $120 & at end of 1 yr. to $125. 8-hr. day, 6-day wk. 2 wks. holiday with pay. 3 wks. given at end of 2nd yr. Blue Cross hospitalization. Additional $5.00 per mo. for 3:30 shift. Apply, stating qualifications, date available, Matron, Scott Memorial Hospital, Seaforth, Ont.

WANTED
by
• CANADIAN RED CROSS SOCIETY •

General Duty Nurses urgently required for ***Outpost Service*** in New Brunswick.

Supervisory and Staff positions also available for ***Outpost Service*** in British Columbia, Saskatchewan, Ontario, Quebec, and Nova Scotia.

Positions open in ***Blood Transfusion Service*** in various parts of Canada.

Commensurate salaries for experience and qualifications. Transportation arranged under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ont.

Vancouver General Hospital requires **General Staff Nurses** for *vacation relief & permanent staff*. Salary: $172 gross, including current Cost of Living Bonus. Extra premium for evening or night duty. Registration in British Columbia required. For further information apply Director of Nursing, General Hospital, Vancouver, B.C.

Public Health Nurse (qualified) for Generalized Service. Apply in writing, stating qualifications, age, experience, salary expected, etc., Medical Officer of Health, Health Dept., City of Kingston, Ont.

Public Health Nurses for Victorian Order of Nurses, Toronto Branch. Minimum salary: $2,087. 1 mo. vacation after 1 yr. service. Allowance for sick leave. Pension. Initial uniform allowance. Apply Miss E. Cryderman, District Supt., V.O.N., 281 Sherbourne St., Toronto 2, Ont.

District Nurses in Province of Alberta. Rural service. Emergency treatment, preventive & maternity program. Furnished cottage, fuel, water supplied. Salary schedule: $1,920-2,400. Sick leave, annual vacation, pension. Present Cost of Living Bonus $19.50 per mo. Apply Acting Director, Nursing Division, Dept. of Public Health, Edmonton, Alta.

General Staff Nurses, 44-hr. wk. Starting gross salary: $155. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

Registered Nurses for General Staff Duty—(Div. of T. B. Control, British Columbia): **Vancouver Unit**—Salary: $168 per mo. with increments over 5-yr. period (including current C.L.B.). No residence accommodation. **Tranquille Unit**—Salary: $174 per mo. with increments over 5-yr. period (including current C.L.B.). Attractive modern residence. Recreational facilities. Exhilarating climate. 8-hr. day, 5½-day wk. (Overtime paid when necessary.) Annual vacation, 1 mo. with pay & 11 statutory holidays. Sick leave, 14 days per yr. (cumulative) plus 6 days for incidental illness. Superannuation plan. Further information & applications may be obtained from Supt. of Nurses in respective Units or Director, T. B. Nursing, Vancouver, B.C.

Registered Nurse for staff of new 10-bed hospital in growing mining town in Northern Manitoba. Salary: $180 per mo. to start, with increases at 6-mo. intervals. Board & room deduction $42 per mo. 8-hr. duty or more pay for 12 hrs. Opportunity to learn X-ray & laboratory work if interested. Transportation refunded after 6 mos. service. References required. For further information write Dr. C. B. Colquette, Supt., Snow Lake Hospital, Snow Lake, Man.

Registered Nurses for General Staff work on Rotation Service. Apply Supt., Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

General Duty Nurses for 50-bed hospital. Salary: $135 per mo. plus maintenance. 8-hr. duty, 6-day wk. 2 wks. holiday per yr. Good living conditions. 80 miles from Saskatoon with good connections. Apply Supt. of Nurses, Union Hospital, Rosetown, Sask.

General Duty Nurses for 17-bed hospital. Starting gross salary: $155 per mo. 48-hr. wk. 1 mo. vacation with pay after 1 yr. service. Pleasant living conditions. Transportation paid by Hospital Board if employed for 6-mo. period. Apply A. J. Schmiedl, Sec.-Treas., Municipal Hospital, Elnora, Alta.

General Duty Nurses for Day and Night Duty in small hospital. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

ARE YOU A NURSE WITH LABORATORY TRAINING OR EXPERIENCE?

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INTERESTING WORK
OPPORTUNITY FOR ADVANCEMENT
EXCELLENT SALARY
A FINE HOSPITAL IN A FINE COMMUNITY

For full particulars apply to:

The Superintendent, Union Hospital, Foam Lake, Sask.

Registered Nurses for General Duty. Salary: $140 plus maintenance. 8-hr. day, 6-day wk. Separate nurses' home. 1 mo. holiday with pay after 1 yr. service. Apply Matron, Municipal Hospital, Provost, Alta.

Operating-Room Nurse & General Duty Nurses for 200-bed hospital. Hrs.: 7:30-3:30; 3:30-11:30; 11:30-7:30. 6-day wk. Apply Director of Nursing, County General Hospital, Welland, Ont.

General Duty Nurses for 65-bed Solarium for Crippled Children. Basic gross salary: $150. Rotating shifts. Room, board & uniform laundry provided at $25 deduction. The staff is housed in very modern, new 4- and 6-bed cottages on waterfront. Excellent opportunity for nurses to gain experience in Orthopedic & Pediatric nursing. Openings also for **Dietitian-Housekeeper, Physiotherapist & Lab. X-Ray Technician.** Apply in writing, giving date of graduation, training school, age & experience, Lady Supt., Queen Alexandra Solarium for Crippled Children, P.O. Cobble Hill, V.I., B.C.

Graduate Nurses for General Duty. Gross salary: $171 with bonus of $5.00 when registered in British Columbia. Annual increments. Statutory holidays. Good living accommodation & cafeteria service at reasonable cost. Apply Supt. of Nurses, West Coast Hospital, Port Alberni, V.I., B.C.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $160 per mo. less $25 for board, residence, laundry. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Matron, General Hospital, Prince Rupert, B.C.

Graduate Registered Nurse Instructor for Training School of 75 students in 150-bed General Hospital. Gross salary commencing at $190 per mo. increasing to $220 per mo. 8-hr. day, 6-day wk. 1 mo. vacation annually. Apply, stating qualifications, post-graduate experience, age & religion, Administrator, General Hospital, Chatham, Ont.

Operating-Room Supervisor or **Asst.** (depending on qualifications) for 250-bed well equipped modern hospital with Nursing School. Minimum salary: Sup., $150; asst., $140 per mo. plus full maintenance, adjusted up for experience. Open Sept. 1. **General Staff Nurses.** Salary: $125 per mo. plus full maintenance. 48-hr. wk. 1 mo. holiday with pay after 1 yr. Blue Cross hospitalization. $10 per mo. premium for Night Duty. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Public Health Nurse (bilingual) for a general program in urban centre of 27,000. Minimum salary: $1,930. 5-day wk.—9:00 a.m.-5:00 p.m. Lunch 1½ hr. Employment benefits include: Pension plan, sick leave, 3 wks. vacation. Apply Mr. Norman T. Dawe, Personnel Officer, Westmount City Hall, 4333 Sherbrooke St., Montreal 6, Que.

Graduate Nurses. Commencing salary: $120 per mo. **Operating-Room Nurse.** Commencing salary: $125 per mo. Plus full maintenance, regular increases, 8-hr. shifts, sick leave, holiday with pay. $5.00 per mo. extra for post-graduate or university training. Pleasant working conditions. Apply Matron, Municipal Hospital, Red Deer, Alta.
